CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

Department of Veteran's Affairs/Office of Chief Counsel for North Atlantic - North

120 Le Brun Road
Buffalo, NY 14215

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)

Claimant: George Warheit, Waynesburg Healthcare and Rehabilitation Center, 300 Center Ave., Waynesburg, Pa 15370
Representative: Scott Warheit, 408 School St., Bradenville, Pa 15620

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☐ CIVILIAN	09/08/1946	Single	11/15/2017 Wednesday	N/A

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)

Scott Warheit has guardianship over his father George Warheit, the individual who was injured due to the negligence of the VA. On the day of the incident, George Warheit was transported to the VA Hospital in Pittsburgh for an eye exam. Warheit, who has dementia, was left unattended for some amount of time during which he wandered off. He was eventually found injured on Shaler Street in Duquesne Heights, approximately six miles from the VA hospital. The witness who called 911 found him on the street and saw that he was bleeding profusely from his head. The failure on part of the VA Hospital to maintain supervision of a patient with known mental disabilities is a cause of his subsequent injuries. See attached VA police report.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)

N/A

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

See attached medical records.

11. **WITNESSES**

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
Michelle McCully	412 Oneida St. Pittsburgh, Pa 15211

12. (See instructions on reverse.) **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
NONE	$2,000,000.00	NONE	$2,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of person signing form	14. DATE OF SIGNATURE
[signature]	724-433-8792	JUNE 4 2018

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for the civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109

NSN 7540-00-634-4046

EXHIBIT
tabbies
4

STANDARD FORM 95
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

N/A

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

IN THE COURT OF COMMON PLEAS
OF WESTMORELAND COUNTY, PENNSYLVANIA
ORPHAN'S DIVISION

IN RE: GEORGE R. WARHEIT, Alleged Incapacitated Person	)))))	NO. 65-17-1006

FINAL DECREE

AND NOW, this 27th day of June, 2017, based upon the record and the evidence received, the Court finds by clear and convincing evidence that GEORGE R. WARHEIT is adjudged a totally incapacitated person.

The Court finds that GEORGE R. WARHEIT suffers from Dimentia, which has manifested in the alleged incapacitated person being totally unable to receive and evaluate information effectively or to make and communicate decisions concerning his management of financial affairs or to meet essential requirements for his physical health and safety.

SCOTT WARHEIT is hereby appointed Plenary Permanent Guardian of the Person of GEORGE R. WARHEIT. The Guardian of the Person shall file a report on the social, medical and other relevant conditions as required by 20 Pa. C.S.A. §5521(c).

SCOTT WARHEIT is hereby appointed Plenary Permanent Guardian of the Estate of GEORGE R. WARHEIT. The Guardian of the Estate shall file a report within 60 days and annually thereafter. These reports shall comply with 20 Pa. C.S.A. §5521(c).

The Guardian of the Person shall have authority and responsibility to decide where GEORGE R. WARHEIT shall live and how meals, personal care, transportation and recreation will be provided. The Guardian of the Person shall also have authority to authorize and consent to medical treatment and surgical procedures necessary for the well-being of GEORGE R.

WARHEIT, except those powers and duties specifically excluded in 20 Pa. C.S.A. §5521(d).

The Guardian of the Estate shall have authority and responsibility to manage and use GEORGE R. WARHEIT's property primarily for his benefit and secondarily for the benefit of his legal dependents in accordance with 20 Pa. C.S.A. §5536(a). 20 Pa. C.S.A. §5536(a) authorizes the Guardian of the Estate to spend income for the aforesaid purposes without the Court's written authorization; the Guardian is permitted to invade principal assets up to $3,500.00, as may be required to meet the monthly charges for GEORGE R. WARHEIT, an incapacitated person; the Guardian cannot invade any additional principal assets without written court approval.

All banks and other financial institutions are directed to give the Guardian of the Estate of the incapacitated person all information which relates to accounts and/or financial transactions in the joint name or individual name of the incapacitated person.

It is further ordered and decreed that the Guardian of the Person and Guardian of the Estate shall perform ~~her~~ his functions and exercise ~~her~~ his authority so as to permit the incapacitated person as much daily activities and as much independence that circumstances will permit with safety.

The aforementioned judicial determination has taken into consideration the matters required by 20 Pa. C.S.A. §5512.1. The Court's findings of fact and conclusions of law have been placed on the record at the evidentiary hearing.

BY THE COURT:

Judge

ATTEST:

CERTIFIED AS A TRUE AND CORRECT COPY AS OF RECORD IN THE OFFICE OF REGISTER OF WILLS & CLERK OF ORPHANS' COURT WESTMORELAND COUNTY, PENNSYLVANIA

Register of Wills & Clerk of Orphans' Court

DATED: 10-27-2017

Costs of ~~Filing~~ Cert. copies of Final Decree (5) are hereby waived.

Department of Veterans Affairs

VA Police
University Drive Division
Investigative Report

Investigative Report#: 2017-11-15-1625-3133

VA Facility: University Drive Division **Date/Time Printed** 12/8/2017 11:22

Date/Time Received	11/15/17 16:25 PM
Date/Time of Offense:	11/15/17 16:25 PM
Location:	Floor #1, Eye clinic
Investigating Officer	THADDEUS COMER
Incident Synopsis:	Missing patient (code M) initiated for patient who left the eye clinic. All required notifications were made and a full search conducted with negative results. The patient was not on property and found to have been admitted to a local area hospital shortly after he departed.
Classification Code:	Non-Criminal Missing Patient Reaction(F)
Final Disposition:	**Case Closed**
Initial Disposition:	Initial Investigation Completed
Case Status:	CLOSED

Use of Force

OC Weapon used:	No
Baton Used:	No
Firearm Drawn:	No
Firearm Used:	No

Complainant

Name:	[redacted]
Status:	
Work Address	
Work Phone	
Statement	

Victim

Name:	VAPHS US GOVT		
Gender:		**Ethnicity:**	
Status:	Other		
Driver's License:		**State:**	GENERAL
Work Address:	Pittsburgh, PA		
Work Phone:			
Treatment:	No		

Suspect

Name:	George R Warheit				
SSN:	W1250	**DOB:**	09/08/1946	**Age:**	71
Gender:	M	**Ethnicity:**	Caucasian	**Height:**	5' 7"
Weight:	170.00	**Hair Color:**	Grey	**Eye Color:**	Brown - Dark

Facility: University Drive Division IR#: 2017-11-15-1625-3133

Skin Tone: **Mark:**

Status: Patient

Driver's License Number: **License State:** GN

Home Address: The Grove at Latrobe
576 Fred Rogers Drive
Latrobe, PA 15650

Home Phone: 7245374441

Work Address:

Work Phone:

Offense(s): Non-Criminal: Missing Patient Reaction(F)

Violation(s):

Narrative

Origin On Wednesday November 15, 2017 at 1425 HRS while on duty at the University Drive campus I Sergeant Thaddeus E. Comer received a phone call from eye clinic health care technician [redacted] stated a patient who was being treated had gone missing and wanted to notify us they were looking for him. [redacted] was not sure if the patient qualified as a missing patient or not. [redacted] said [redacted] believes he suffers from dementia.

Initial Observation N/A

Investigation I responded to the eye clinic on 1 East, Building #1 and met with [redacted] informed me that patient George Warheit (#1250) was being seen in the eye clinic and had an escort assigned to him since he suffers from dementia. The escort [redacted] is a Certified Nursing Assistant from The Grove at Latrobe which is a nursing home in Latrobe Pennsylvania where Warheit lives. The address is 576 Fred Rogers Drive Latrobe PA 15650. Phone number 724-537-4441. [redacted] showed me an image on the computer of Warheit"s patient records and I requested [redacted] print a copy for identification purposes. I spoke with Onusko who was on scene and [redacted] confirmed that he suffers from dementia and [redacted] was notified by VA staff that Warheit needed eye drops from the pharmacy. [redacted] said [redacted] believed they needed the drops right now so [redacted] departed the immediate area and went to the pharmacy to retrieve them. Warheit was still in the treatment room at this time with VA eye clinic staff. When [redacted] returned from the pharmacy Veteran Warheit was not present in the eye clinic. When [redacted] inquired, VA staff stated he had been done with his appointment for 15 minutes and released from the exam room. It was sometime after this we received the 1625 phone call from staff informing us they could not find the patient.

After I gathered the preliminary information, obtained a description of the Veteran and spoke with [redacted] and [redacted] I then spoke with [redacted] who examined Warheit. [redacted] stated the last known time Warheit was in the clinic was right around 1555 HRS. I asked [redacted] was aware of the patients mental status and [redacted] told me he had dementia. I briefly explained the "at risk" factors and process that would take place if they wanted to declare him missing and [redacted] said he believes Warheit meets the criteria. I asked him if he wanted to declare the patient missing and [redacted] said he did. The approximate time of this was 1635 HRS. I put out a description to all other VA Police officers who began a preliminary search along with several medical staff members who aided in the search.

I then met with [redacted] who works in the eye clinic to call the PCC as per policy. No one in the eye clinic was aware of the procedures for declaring a missing patient. [redacted] called PCC [redacted] in regards to this matter and [redacted] designated [redacted] to make the notification to the operator. I informed staff we would need to initiate an overhead announcement with the operator to announce the CODE M. [redacted] called the operator as I stood by and the operator stated they need an email with call back instructions for those receiving the notice before they make the overhead announcement. Since the Missing patient policy could not be found in the eye clinic office, I returned to the Police operations office to retrieve the information.

After speaking briefly with Lt. Immekus I returned to the eye clinic with the proper procedures.

Facility: University Drive Division IR#: 2017-11-15-1625-3133

An email was generated and sent to the VHAPTH ACTION TEAM mail group by eye clinic employee [redacted] as I stood by and helped [redacted] with the process. A few minutes later it was determined that the email group did not receive the email. After speaking with Lt. Immekus and sending the information to him directly he was able to email all required recipients and the CODE M announcement was made at 1656 HRS by the operator after the email was placed.

Patient George Warheit (#1250) was described as a white man DOB 09/08/1946. 67 inches in height and approximately 140 lbs. He was wearing a red t-shirt with a brown jacket, blue jeans and black boots. He has a full head of gray hair, gray mustache and glasses with safety covers on the sides.

Photos provided by medical staff were copied and distributed to those searching. I then kept in contact with eye clinic staff and conducted a foot patrol of Building #29 floors one and two. After assisting with the foot search I returned to the Police office to conduct these administrative actions. At this point the oncoming shift was arriving and beginning their tour of duty who assisted in the search. See follow-ups for additional information.

Investigating Officer:	THADDEUS COMER	**Signature:**	
Badge:	2242-SGTN	**Date:**	__/__/____
Printed by:	SCOTT ENGEL		

< < < End of Report > > >

Facility: University Drive Division IR#: 2017-11-15-1625-3133

Follow Up

Investigator: Zebulun Campbell **Date/Time:** 11/15/2017 8:32:50PM

On November 15, 2017, at approximately 1630 hours I (Officer Zebulun Campbell) was called in from the gate to assist in a missing patient search. The patient, George Warheit (1250), was last seen at the eye clinic. I conducted a search of Hero's Hall, of floor 6 to 1 in the parking garage, and of the stairwells in the parking garage. I searched ground floor and basement floor of building #1.

I conducted an outside search starting from the front of the VA around the back by the boiler plant up around the south side of the parking garage to the fisher house and research building and around it. I processed through the docks. Sgt. Lostetter and I searched off the property at the following locations the CVS on center and all small shops near it. We search the Get Go down the street and all shops around the entire search came back with negative finds.

Investigator: Chad Calligan **Date/Time:** 11/16/2017 12:17:08AM

At 1745 hours, I, Officer Chad M. Calligan, assumed duties as a VA Police Officer. I was informed that we had a missing patient by the name of George Warheit. A picture was supplied to me to help identification. I immediately conducted a search of Bldg #30 with Officer Justin Schirmer which resulted in negative findings. We conducted a search of the Fisher House with negative findings. Officer Schirmer and I conducted a walk around of Bldg #1, Bldg #6, Bldg #29, and Bldg #30 searching all over the brush area and all possible hiding spots with negative findings. At 1830 hours, Officer Schirmer and I concluded our search of the above areas.

Officer Trenton Henry and I initiated a through search of all offices and room in Bldg #1 with the following times and floors searched:

At 1853 hours, 9th Floor and 8th Floor search was terminated with negative findings.

At 1917 hours, 7th Floor and 6th Floor search was terminated with negative findings.

At 1930 hours, 5th Floor search was terminated with negative findings.

At 1946 hours, 4th Floor search was terminated with negative findings.

At 2000 hours, 3rd Floor search was terminated with negative findings.

At 2032 hours, 2nd Floor search was terminated with negative findings.

All searches conducted resulted in negative findings for Warheit.

Investigator: CHRISTOPHER KAPFER **Date/Time:** 11/16/2017 12:21:59AM

Facility: University Drive Division IR#: 2017-11-15-1625-3133

On Wednesday November 15, 2017 at approximately 1630 hours, I (Lieutenant Christopher Kapfer of the VA Police) arrived on duty and was immediately informed about the Missing Patient Declaration for George Warheit.
I immediately began to assist Lieutenant Anthony Immekus with notifications and dispatching Officers to search. I began to review camera footage of the area (Bldg. 1, Eye Clinic), however found that none of the cameras in the area were recording.

Lieutenant Immekus pointed out an individual that fit the description of Warheit exiting the Parking Garage and walk towards Center Avenue via the front through way and Allequippa Street, however the camera in question was too far away to confirm that it was Warheit.

At 1700 hours, I notified the Heinz Division VA Police to begin a full search of the Heinz Facility (as shuttles were still running around the time Warheit was last seen). I was advised by Sergeant Thaddeus Comer and Lieutenant Immekus that the son of the Missing Patient (Scott Warheit) was already advised and was in talks with the City of Pittsburgh Police while enroute to the University Drive Division VA.

I notified all working VA Police Officers for Watch "B" that they were mandated to stay on duty as the missing patient event was still active. Major Ryan Stokes arrived on scene to assist with VA Police Control.

At 1838 hours I notified Allegheny County 911 of Warheit and completed a "Missing person with information clean - NCIC entry worksheet" and had Warheit entered into NCIC as a missing person.

Warheit"s son, Scott Warheit, arrived at the UD VA Police Office to offer assistance. He was directed to Lieutenant Immekus, Sergeant Thaddeus Comer and Major Stokes.

At 1900 hours, I sent a "SPIN" notification to local area Law Enforcement Agencies with a picture of Warheit, requesting agencies BOLO and contact the VA Police if he was located. I contacted AOD [redacted] via phone and advised him to call local area hospitals in case Warheit presented himself or was brought in.

I authorized VA Police Officers to search the immediate surroundings of the University Drive Division, including wooded areas and local businesses in an attempt to locate Warheit.

I contacted K9 Officer Martin Lowrey and requested he report to the University Drive Division (Lowrey was off duty) with K9 Kobe.

Attempts were made to view outlying traffic cameras through the City Police, however VA Police were advised that none of the lights in the area had cameras.

At 2121 hours, a press release was sent to local news stations with biographical information and Warheit"s picture, asking anyone with information or a location to contact VA Police. Two calls were received by the VA Police regarding various locations of Warheit.

At approximately 2209 hours, [redacted] (outsider) called regading [redacted] seeing someone that matched the description of Warheit crossing the Liberty Bridge, heading towards the Liberty Tunnels. This was observed at approximately 1715 hours. VA Police contacted 911 and advised them of this info.

At approximately 2221 hours, University of Pittsburgh Police Dispatch contacted the VA Police and reported that at approximately 1630 hours, Warheit was observed walking past the Oak Hill Apartments by a Pitt Student. University of Pittsburgh Police searched the area, however found no trace of Warheit.

VA Police contacted [redacted] from the Emergency Department and requested that he place a consult into Warheit"s chart for Scott Wartheit to stay in the Fisher House until his father was found. [redacted] completed the task and Warheit was granted permission to stay in the Fisher House.

Deputy Chief Paul Shumaker entered a Category I flag into Warheit"s chart at 2225 hours.

Facility: University Drive Division IR#: 2017-11-15-1625-3133

Upon the completion of the Heinz Facility search, Sergeant Michael Milford arrived at University Drive with the VA Police FLIR system. Sergeant Milford and Sergeant James Lostetter completed an exterior search with the FLIR in an attempt to identify anyone laying or hiding in the heavily wooded areas or dark alleyways surrounding the University Drive Division.

At approximately 0047 hours, VA Police received notification from the Pittsburgh Police that Warheit was located at UPMC Mercy Hospital. VA Police escorted Scott Warheit to UPMC Mercy and confirmed that the "John Doe" was Warheit.

I notified the Executive Staff, Police Management and Public Affairs about the location of Warheit at 0052 hours. Warheit was removed from NCIC as a missing person by Allegheny County 911 at 0244 hours.

Investigator: JAMES LOSTETTER **Date/Time:** 11/16/2017 12:47:10AM

At 1815 hours on 11/15/2017, I (SGT James Lostetter) informed University of Pittsburgh Police and Pittsburgh Port Authority Police of missing patient George Warheit.

At approximately 1830 hours, I called Pittsburgh Police Department and informed them of Warheit. I asked if there were any operable cameras at the intersection of Allequippa Street and Center Ave. The Officer informed me that there was not a camera in that location

At approximately 1900 hours OFC Zebulun Campbell and I started mobile patrol of Center avenue. OFC Campbell and I dismounted our vehicle and asked all businesses along Center Ave if they had seen anyone matching the description of the Warheit. All responses were negative.

At approximately 2145, SGT Michael Milford and I started mobile patrol of VA property and surrounding areas with the FLIR scope. After the search of the areas around VA property, SGT Milford and I performed a search of the Oakland area. All search attempts yielded negative results.

Continued foot and mobile patrol will be conducted by this Officer throughout his tour.

Investigator: SCOTT LENIGAN **Date/Time:** 11/16/2017 12:55:07AM

On Wednesday, November 15,2017 at approximately 1715 hours. Officer Trenton Henry and I were asked to assist with the missing person. We were tasked with completing a full search of building 1.

We started on the 11th floor and opened each office to astertain that the missing person was not in the room. However, several of the offices were not keyed onto the master key system and we were not able to access those room.

We completed the same process on the tenth floor and ran into the same problem with the keys.

At approximately 1810, I was asked to use a marked police unit and check the near by surroundings. I started driving the length of Centre Avenue from the Zone 2 police station down to Shadyside Hospital. I then checked Forbes Avenue from the CMU campus down to Darraugh Street and proceeded down on Fifth Avenue to North Craig Street. After checking those areas, I started checking the side and secondary streets in the area. During those trips, I also stopped at Western Psychiatric Institute and Clinic (WPIC) and Presby"s Emergency room, to check if anyone has been admitted under the missing person"s name or as a John Doe. All of these efforts proved fruitless.

Finally, I checked the neighborhood adjacent to the VA facility which included the Pittsburgh Preparatory school. Where I assisted canine handler Martin Lowrey searching several open fields and a cemetery.

Investigator: ERNEST KOPICH **Date/Time:** 11/16/2017 1:41:52AM

Facility: University Drive Division IR#: 2017-11-15-1625-3133

On November 15, 2017 at approximately 1750 hours, I Officer Ernest Kopich was assigned by Sergeant Milford to patrol the perimeter of the Heinz Division Facility in search of missing Veteran Patient George Warheit. WARHEIT (71yoa male subject) was described being 5"8" tall and weighing 140lbs. My search started at the main entrance to the facility. I patrolled on foot along the perimeter"s fence line towards Building 69 with negative results. I proceeded behind the Villas following the perimeter fence across from Building 50 main entrance. Officer McConnell informed me he was going to start at the main entrance and proceed on the fence line towards Buildings, 32 and 71. I continued along the fence line toward the Boiler Plant and behind Building 52. Again, with negative results. I continued along the fence line behind Building 49 towards Building 71 with no findings. I met Officer McConnell on the fence line directly across from Building 71. Officer McConnell stated he too had negative results in finding WARHEIT. This search ended at approximately 1820 hours.

At approximately 1830 hours, I searched the smoking shelter and the pavilion area with negative results.

On November 16, 2017 at approximately 0001, I conducted a search on all VA owned vans, shuttle buses and full size buses on the property with negative results in finding WARHEIT.

At approximately 0048 hours, a radio transmission from Lt. Kapfer came across that WARHEIT was located at Mercy Hospital. No other VA Police action was taken by this officer.

Investigator: TRENTON HENRY **Date/Time:** 11/16/2017 2:26:30AM

On Wednesday, November 15, 2017, at approximately 2035 hours, I was assigned with SGT LOWREY and K9 Kobe to search the surrounding areas of the Medical Facility. The following areas were checked: Boiler Plant area to include the adjacent wooded area, Upper and lower hillsides near PITT intermural fields, Middle Hill area, and University Drive A wooded area. Returned to UD Campus at 2205 hours.

Investigator: JAMES LOSTETTER **Date/Time:** 11/16/2017 2:50:41AM

At 0047 hours on 11/16/2017, VA Police were notified by OFC Josh Haupt (Pittsburgh Police Department) that there was a "John Doe" who matched the description of G. Warheit at UPMC Mercy Hospital. SGT Scott Lenigan and I went to the Fisher House to inform Scott Warheit (son of missing patient) that there was a possibility his father was admitted to that hospital. SGT Lenigan and I escorted S. Warheit to UPMC Mercy. Upon arrival, we were escorted by SGT David Wintruba (UPMC Police Department) to the suspected missing patient"s room. S. Warheit positively identified the patient as G. Warheit. G. Warheit had lacerations on his hands, face was severely bruised and hip was fractured. UPMC Mercy hospital informed VA Police that it was reported that G. Warheit was struck by a vehicle, and his injuries matched the same. S. Warheit was briefed that G. Warheit would be undergoing surgery the next day and he was not able to leave the hospital. S. Warheit was then escorted back to the Fisher House.

At 0315 hours on 11/16/2017, I contacted Pittsburgh Police Department Zone 3 and requested a Police report of the incident that caused G. Warheit injuries. A Police report and summary report was faxed to the VA Police Department. Both reports are attached to this follow up.

No further actions taken by this Officer.

Investigator: Robert Smith **Date/Time:** 11/16/2017 4:14:38AM

On 11/15/2017 at 2200hrs I, Corporal Robert Smith, conducted a roof access check for Building 1 11th, 7th, 5th, 4th, 3rd, and 2nd floor where search with negative results. Building 29 penthouse floor and 3rd floor roof access where searched with negative results. I ended my search at 2330hrs. No further action was taken by this officer.

Investigator: JUSTIN ZDRAVECKY **Date/Time:** 11/16/2017 7:35:09AM

On November 15, 2017 at approximately 1800hrs, I (Sergeant Justin Zdravecky) was asked to remain on duty to assist with the search of missing Outpatient/Veteran George Warheit. Warheit"s description was that of a 71 year old white male approximately 5"8" tall and weighing 140lbs. I conducted a search of Buildings #71, #51, and #50 with negative results.

At approximately 2015hrs, I conducted a patrol of Building #69 and villas, where I made contact with several staff members and patients in reference to the missing patient. No one had observed any individuals fitting Warheit"s Description. This search ended with negative results.

Investigator: ANTHONY IMMEKUS **Date/Time:** 11/16/2017 9:39:35AM

Facility: University Drive Division IR#: 2017-11-15-1625-3133

On 11/15/2017 at approximately 1625 hrs., I (Lieutenant Anthony Immekus) was made aware of a possible missing patient from Sgt. Comer. While Sgt. Comer proceeded to gather the facts and a description of the alleged missing patient, I began to pull all recording video we had of the area. Once I was given a description of the missing patient, I was able to find two very blurry recorded camera angles with a person matching the description (again, no way to positively ID this was our patient) walking out of the garage and heading towards the Center Ave/Pittsburgh City area.

During the missing patient evolution, I assisted in making mass notifications to VA executive staff, VA Police Management (to include Major Ryan Stokes, who assisted with operation command), VACO/OSLE/IOC, and K9 Lowrey. Once all notifications were made, I conducted secondary searches of bldg. #29 entire 2nd floor and the exterior of the facility from building #29 to the cafeteria side of building #1 (all met with negative results).

Investigator: MARTIN LOWREY **Date/Time:** 11/17/2017 7:43:26AM

On Wednesday, November 15, 2017, at approximately 2035 hours, K9 Kobe and I, Officer Martin Lowrey were assigned with Officer Trenton Henry to search the surrounding areas of the UD VA Medical Facility. The following areas were checked: Boiler Plant area to include the adjacent wooded area, Upper and lower hillsides near PITT intermural fields, Middle Hill area to include Milliones School Area and adjacent Cemetery with 93S30 SGT Scott Lenigan. University Drive A wooded area and trail. There were no responses from the K9 and the Veteran was not located by the team. We returned to UD Campus at 2205 hours and I was released by LT Chris Kapfer.

Investigator: MICHAEL MILFORD **Date/Time:** 11/20/2017 9:38:37PM

On November 15th, 2017 at approximately 1910 hours I, Sergeant Michael Milford, was assigned by Lieutenant Christopher Kapfer to conduct a search of the perimeter and all exterior areas of the Heinz Division facility utilizing the FLIR infrared camera in the search for missing Veteran Patient George Warheit. WARHEIT (71 year old male subject) was described being 5"8" tall and weighing 140lbs. I started at the main entrance of the facility and walked/drove the entire fence line to include all areas inaccessible to a vehicle which I searched by foot. I finished the search at approximately 2100 hours with negative findings.

Lt Kapfer then instructed me to bring the FLIR infrared camera to University Drive to conduct an exterior search of the grounds and all surrounding areas. At 2114 hours I departed Heinz in route to University Drive. I arrived at University Drive at 2132 hours and commenced a search of all exterior areas on or near VA Property.
Sergeant James Lostetter assisted with driving the vehicle while I used the Infrared Camera. I was on foot search most of the time as utilizing the vehicle was not practical except when driving across the facility to another location. The search of the facility and the surrounding area was completed at approximately 2300 hours with negative findings.

At approximately 0048 hours, a radio transmission from Lt. Kapfer came across that WARHEIT was located at Mercy Hospital. No further Police action was taken by this officer.

Result Type:	ED-Evaluation
Performed Date:	November 15, 2017 6:44 PM
Result Status:	Modified
Result Title:	ED Evaluation Note-Mercy
Performed By:	NASSAR MD, JESSICA L on November 15, 2017 6:46 PM
Verified By:	NASSAR MD, JESSICA L on November 15, 2017 10:03 PM
Encounter info:	0183193817319, UPMCMER, Inpatient, 11/15/2017 -

* Final Report *

Document Contains Addenda

Addendum by NASSAR MD, JESSICA L on November 15, 2017 10:24 PM (Verified)

Per my interpretation:
Electrocardiogram (ECG)
RATE: 10 9 bpm
RHYTHM: [Sinus tachycardia
AXIS: [Normal]
INTERVALS: [Normal]
ST-T WAVE CHANGES: [No significant change]
ABNORMALITIES/COMPARISON: [No comparison]

ED Evaluation Note-Mercy
University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **NASSAR MD, JESSICA L**

Visit Information
Visit Information: Patient seen on 11/15/2017.

Findings

Emergency Medicine
Trauma Resuscitation and Evaluation Note

I saw and evaluated the patient. I have reviewed the nursing trauma flow sheet and the resident trauma note, and agree with the findings except as documented below.

CHIEF COMPLAINT: Facial injury, found down on the side of the road

HISTORY OF PRESENT ILLNESS: Unknown age over male presents to the emergency department with facial injuries after

being found down on the side of the road. He presents as a level I trauma. Apparently he was found down on the side of the road with blood about his head and bilateral hands. He can tell us his name and says that he was in an accident tonight, but cannot give us any further history.

REVIEW OF SYSTEMS: As per HPI and per trauma resident note

PAST MEDICAL HISTORY: Unable to obtain

SOCIAL HISTORY: See Chart

PHYSICAL EXAM: Vital Signs reviewed trauma chart

PRIMARY SURVEY
Airway: Airway is patent
Ventilation:
CHEST: Non-tender, symmetrical
LUNGS: Clear to auscultation and breath sounds equal
Circulation:
Skin Color: normal skin color; midline horizontal forehead laceration noted, abrasion to the bridge of the nose
Pulse: normal pulses
Neurological: alert and conscious
1) Response to Vocal Stimuli: appropriate response to verbal stimuli; oriented to self, not to place or time, believe that is the 1940s
2) Response to Painful Stimuli: appropriate response to painful stimuli

SECONDARY SURVEY
EYES: PERRL, EOMI.
NECK: Cervical collar in place. Trachea midline.
HEART: Regular rate and rhythm.
ABDOMEN: Soft, non-distended. No tenderness.
MUSCULOSKELETAL: Extremities are symmetrical, without deformity or traumatic injury.

LABORATORY: Trauma labs

RADIOLOGY: Trauma CT series

EMERGENCY DEPARTMENT COURSE: Unknown age male presents to the emergency department with altered mental status, found down on the side of the road with lacerations to the forehead and blood in his bilateral hands. History is unclear. Extensive trauma workup pursued. This reveals a left-sided intertrochanteric hip fracture, thickening of the right colon suggesting colitis. Dedicated hip x-ray obtained. Orthopedics consulted. They recommended plain films of the left hip, pelvis and CT of the left lower extremity. Patient will be admitted to the trauma service.

MEDICAL DECISION MAKING: I discussed the patient's care with the attending trauma surgeon, Dr. Six.

DIAGNOSIS: Left intertrochanteric hip fracture, facial lacerations, altered mental status

Professional Services
Credentials Title and Author

ED-Evaluation
* Final Report *

Credentials: MD.
Title: Attending.

Completed Action List:

* Perform by NASSAR MD, JESSICA L on November 15, 2017 6:46 PM
* Modify by NASSAR MD, JESSICA L on November 15, 2017 7:42 PM
* Modify by NASSAR MD, JESSICA L on November 15, 2017 10:03 PM
* Sign by NASSAR MD, JESSICA L on November 15, 2017 10:03 PM
* VERIFY by NASSAR MD, JESSICA L on November 15, 2017 10:03 PM
* Modify by NASSAR MD, JESSICA L on November 15, 2017 10:24 PM
* Sign by NASSAR MD, JESSICA L on November 15, 2017 10:24 PM

Printed by: TURLIK, CHRISTOPHER
Printed on: 11/17/2017 10:34 AM

Result Type:	Trauma-H&P
Performed Date:	November 15, 2017 7:06 PM
Result Status:	Modified
Result Title:	Trauma Admission H&P (PDI)
Performed By:	LINDQUESTER, WILL S on November 15, 2017 7:09 PM
Verified By:	LINDQUESTER, WILL S on November 15, 2017 9:08 PM
Encounter info:	0183193817319, UPMCMER, Inpatient, 11/15/2017 -

* Final Report *

Document Contains Addenda

Addendum by SIX DO, CHERYL K on November 15, 2017 9:53 PM (Verified)

See resident/fellow's note for details. I saw and evaluated the patient and **agree with the resident/fellow's findings** and plans as written. Unknown aged M presents to ED as level 1 trauma alert. Found in street with facial lacerations/blood to hands and face. HDS. GCS 14 at time of my exam in trauma bay. FAST negative. Radiologic imaging obtained adn reviewed, left intertrochanteric femur fx, thickening right colon and nasal fx. Labs reviewed. Discussed wtih ED attending. Will admit to monitored floor bed. NPO/IVF. C/S ortho. Facial trauma C/S. Facial lacs repaired as above. Serial abdominal exams.

Trauma Admission H&P (PDI)
University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **LINDQUESTER, WILL S**

Basic Information

Demographics

Admitted: 11/15 18:31
LOS: 0.0 (Hospital Day: 0)
Reason: EMS LVL 1 LACERATIONS TO HEAD, AND HANDS
Attending: MURRAY MD, KEITH J (Emergency Medicine)

Team: Mercy.
Visit Information: Patient seen on 11/15/2017.

History of Present Illness

Mechanism of injury unknown. Location of injury head. Duration/Timing earlier today. Pain mild. Injury mild.

71 YOM w/unknown pmhx presents as a level 1 trauma after an unknown mechanism left the pt found down on the road with an altered mental status. Unknown LOC. Pt arrived HDS w/ GCS of 10. Secondary survey revealed small lacerations to the pts scalp and bilateral fingers, denies any pain or SOB. Fast was negative. ABG was drawn. Pt was then transfered to the CT scanner HDS for further evaluation. Later on, patient stated that he was hit by car and was laying there for a long period of time.

Primary Assessment
Primary Survey:
Airway Patent Yes.
Breathing equal bilaterally.
Circulation: Pulse / Strength 2+. .
Interventions on the primary survey None.

Histories
Preexisting Conditions: Unable to obtain: Altered mental status.

Review of Systems
Unable to obtain: Reason: Due to altered mental status.

Allergies

Allergies

Home/Transfer/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*
There is no Home Medication information to display.

Inpatient Medications

Medications: *No active / recently discontinued inpatient medication orders.*

Objective
Vital Signs:
Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*
SBP 155 (148-155) **DBP** 74 (74-86) **Pulse** 55 (55-55) **RR** 19 (19-43) **SaO2** 100 (100-100)

Physical Examination

Hemodynamics *(Last 7 in past 36 hours)*
No data found in the last 36 hours.

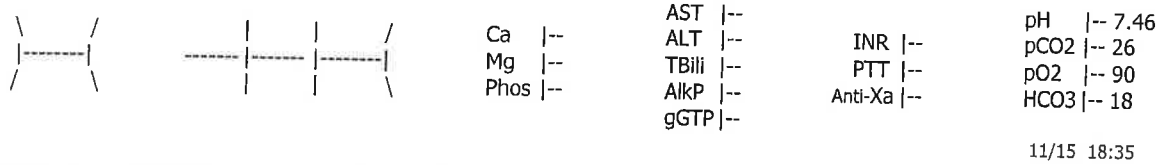
Vent Settings *(Last 7 in past 36 hours)*

No data found in the last 36 hours.

General: No acute distress.
Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.
HENT: Not examined.
Neck: Supple, Non-tender.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Good pulses equal in all extremities.
Gastrointestinal: Soft, Non-tender, Non-distended.
Lymphatics: Not examined.
Musculoskeletal: No tenderness, No deformity.
Integumentary: Several head lacerations.
Neurologic: Glasgow Coma Scale: Eye opening response, Motor response, Verbal response, Total score 10 (10 due to no verbal response. Pt began speaking after exam was complete).
Psychiatric: Appropriate mood & affect.

Results Review

Fishbone Labs *(ED Visit)*



Additional Labs *(ED Visit) - No qualifying labs resulted.*

Assessment and Plan

Diagnosis: Closed trochanteric fracture of left femur with routine healing (ICD10-CM S72.102D, Working, Diagnosis).

Plan

Unknown age male presents level I trauma after when he later states as being hit by car

Injuries:
–Left intertrochanteric femur fracture
–Nasal bone fracture extending into the nasal bridge
–Several head lacerations (sutured: See procedure note)

- HDS, no interventions on primary survey
- FAST, CXR negative for acute injuries
- CT head, face, cspine, CAP, TLS negative for acute injuries other than those listed above
–CT abdomen shows thickened bowel suggestive colitis, because patient does not have a white count and seems otherwise normal from an abdominal standpoint do not think this requires any intervention at this time

- Diet: NPO pending orthopedics recommendations
- With BX consult
- Nonweightbearing on left lower extremity

- Pain control: Tylenol/Oxy/Dilaudid
- VTE ppx: SCDs, hold lovenox
- Bowel regimen: Senna and Colace
- PT/OT/Rehab
-Dispo: Admit to 11E

Procedure note:

There are 4 different 4 head lacerations. All were irrigated with 500 mL normal saline. 10 mL lidocaine was injected in total into the lacerations. Left forehead 1 cm laceration sutured with 2 5-0 rapidly absorbable plain gut sutures. A second Left forehead 1 cm laceration was sutured with 1 5-0 rapidly absorbable plain gut suture. Midline 4 head 7 cm laceration sutured with 2 deep chromic 3-0 sutures and 10 5-0 rapidly absorbable plain gut sutures. One 1 cm right forehead laceration sutured with 2 5-0 rapidly absorbable plain gut suture. There were no complications.

Professional Services
Credentials Title and Author
Credentials: MD.
Title: Resident.
Supervising MD: SIX DO, CHERYL K.

Completed Action List:
* Perform by LINDQUESTER, WILL S on November 15, 2017 7:09 PM
* Modify by RITTLE, NICHOLAS G on November 15, 2017 7:31 PM
* Modify by LINDQUESTER, WILL S on November 15, 2017 9:08 PM
* Sign by LINDQUESTER, WILL S on November 15, 2017 9:08 PM
* VERIFY by LINDQUESTER, WILL S on November 15, 2017 9:08 PM
* Modify by SIX DO, CHERYL K on November 15, 2017 9:53 PM
* Sign by SIX DO, CHERYL K on November 15, 2017 9:53 PM Requested by LINDQUESTER, WILL S on November 15, 2017 9:08 PM

Gen Med Consult Note (PDI):

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **RAJABI MD, FERESHTEH**

Basic Information
Visit Information: Patient seen on 11/16/2017.

Consultation Information
Requesting MD: RITTLE, NICHOLAS G.
Reason for Consult: preop-evaluation.
Consultant contact information: Pager please page the hospitalist.

History of Present Illness

This is a 71-year-old male who was brought to the emergency department today as a level I trauma after he was found down on the side of the road with blood over his head, bilateral hands and his face. Initially his identity was unknown, nursing staff recognized him on TV news (missing person) and notified the family. His injuries are Injuries: Left intertrochanteric femur fracture, Nasal bone fracture extending into the nasal bridge, Several head lacerations. We're consulted for preop risk stratification.

Patient is alert and oriented ×2, his poor historian, denies any pain, any discomfort, he told me he lives at home, with his wife and he is able to do ADLS and is able to take care of his wife. However, per staff when they notified the son, he came to the hospital and reported patient lives at a SNF (The Grove at Latrobe) and also suffering from progressive dementia. As per the sons report, patient had wandered out of the VA in Oakland after he had glaucoma? Surgery yesterday on 11/15 and traveled to Mt Washington. It seems like his son is not fully aware of patient condition and past medical history and was not able to give further history.

I called the SNF and was able to talk to one of the staff who could give me some information from his chart. Seems like patient is being kept in a lockdown behavioral unit of SNF. At baseline he is alert and oriented ×2 or 3 at times, but he has some delusional thoughts like he thinks he lives with his wife, or has some strange and unreal believes. However, reportedly he is calm and partially independent, able to take care of himself at the unit. Also reportedly his vitals are always normal range and he has never complained of chest pain or shortness of breath with activity. Reportedly he is able to go on the stairs without any difficulty.

List of medication: Memantine, donepezil, risperidone, pravastatin, Tylenol, magnesium oxide, Synthroid, finasteride, melatonin, methylcobalamin

Histories

Information was obtained from SNF

Past medical history
Hypertension
Hypothyroidism
BPH
Hyperlipidemia
Dementia
Mood disorder
Dysphagia
B12 deficiency

Past surgical history
Right hip surgery
Eye surgery

Family history
Unknown

Social history
lives at SNF, in a locked down behavioral unit, able to take care of himself and feed himself at the facility, reportedly he is always oriented ×2, has episodes of dilution where he thinks he lives with his wife and his alcohol but usually does not get agitated and does not cause any issue at SNF.
No smoking, no alcohol or drug use
Has 2 sons
Son (legal guardian) Scott Warheit 7244338792

Home/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

Miscellaneous Medication [Order Comment: Patient is a Doe and is confused but stated he doesnt take any meds]

Inpatient Medications

Scheduled Medications
docusate (Colace) 100mg By Mouth BID
senna 2tab(s) By Mouth AtBedtime

PRN Medications
acetaminophen (Tylenol) 650mg By Mouth Q6H
HYDROmorphone (Dilaudid) 0.2mg IVP Q4H
ondansetron (Zofran) 4mg IVP Q6H
oxycodone (oxycodone immediate release) 2.5mg By Mouth Q6H
oxycodone (oxycodone immediate release) 5mg By Mouth Q6H

One-Time Medications *(Time shown is time ordered to be given.)*
[11/15 20:03] influenza virus vaccine, inactivated (Fluzone High-Dose 2017-2018) 0.5mL IM ONCE
[11/15 22:14] tetanus/diphth/pertuss (Tdap) adult/adol (Boostrix (Tdap, age 10 and older)) 0.5mL IM ONCE

Continuous Infusions
Lactated Ringers 1,000 mL Initial Rate= 80mL/hr IV

Allergies

Allergies

penicillin [swelling]

Review of Systems

The systems below were reviewed and are negative unless otherwise stated in the HPI:
Constitutional
Eye
E/N/T
Respiratory
Cardiovascular
Gastrointestinal
Genitourinary
Musculoskeletal
Integumentary
Neurologic

Objective

Vital Signs:

Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*

TempC 37.7 (36.6-37.7) **SBP** 142 (114-167) **DBP** 65 (50-106) **Pulse** 99 (99-119) **RR** 16 (12-43)
SaO2 97 (95-100) **FiO2-O2(L/m)** 2 L/m (2 L/m-2 L/mL/m) **Dosing Wt** 64.0 kg **BMI** 20.2

I & O *(Summary)*

I&O	(11/14)	7a-3p	3p-11p	11p-7a	Total	(11/15)	7a-3p	3p-11p	11p-7a
Intake:							1000	320	
Output:									
Balance:							1000	320	

General: Alert and oriented ×2, NAD,.
Eye: Normal conjunctiva.

HENT: Normal hearing, Facial lacerations and bruises.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, No chest wall tenderness.
Cardiovascular: Normal rate, Regular rhythm, Good pulses equal in all extremities, Normal peripheral perfusion, No edema.
Gastrointestinal: Soft, Non-tender, Non-distended.
Musculoskeletal: No swelling, No deformity, Left leg elevated, left hip is covered and dressed, Peripheral pulses 2+ upper extremities and lower extremities.
Integumentary: Warm, Dry.
Neurologic: Alert and oriented ×2, follows command, moving extremities,.
Psychiatric: Cooperative.

Results Review

Fishbone Labs *(Past 24 hours)*

	\ 14.2 /	140	105	20 /	Ca |-- 9.1	AST |-- 22		pH |-- 7.46
7.0	|--------| 183	-------|-------|--------| 127	Mg |-- 1.9	ALT |-- 30	INR |-- 1.1	pCO2 |-- 26
	/ 41.7 \	4.5	20	1.31 \	Phos |-- 3.1	TBili |-- 0.5	PTT |-- 24	pO2 |-- 90
						AlkP |-- 90	Anti-Xa |--	HCO3 |-- 18
						gGTP |--		
	11/15 18:30		11/15 18:30		11/15 18:30	11/15 18:30	11/15 18:30	11/15 18:35

Additional Labs *(Past 24 hours) - No qualifying labs resulted.*

Impression and Recommendations

Diagnosis: Closed trochanteric fracture of left femur with routine healing (ICD10-CM S72.102D, Working, Diagnosis), Mood disorder (ICD10-CM F39, Working, Diagnosis), Dementia (ICD10-CM F03.90, Working, Diagnosis), History of BPH (ICD10-CM Z87.438, Working, Diagnosis), Hypothyroid (ICD10-CM E03.9, Working, Diagnosis), Hypertension (ICD10-CM I10, Working, Diagnosis).

71-year-old male, poor historian, who was brought to the emergency department as a level I trauma after being hit by a car.
Injuries: Left intertrochanteric femur fracture, Nasal bone fracture extending into the nasal bridge, Several head lacerations.
Trauma, orthopedic and plastic surgery on board.
We're consulted for preop risk stratification.

Displaced, comminuted and impacted L IT hip fracture
Plain films and CT scan: Acute comminuted intertrochanteric fracture of the left femur with varus neck-shaft alignment
- Pain control per primary: Tylenol/Oxy/Dilaudid

Preop risk stratification for open treatment of displaced and comminuted left femoral fracture (intermediate risk surgery)
71 yo male poor historian, with history of dementia and psych disorders, unclear past medical history, exact ASA physical status unknown likely II, per SNF nurse history: at least 4 METS and partially dependent functional status, creatinine < 1.5, h/o HTN on no antihypertensive meds, unknown history of TIA or angina or MI or heart failure. Currently patient does have AKI (baseline creatinine 1.0), EKG with sinus tach
- Base of Gupta perioperative cardiac risk: 0.34% risk probability for preoperative MI or cardiac arrest
- Base of RCRI: 0.9% risk of major cardiac event
- Given these data it seems like patient could be at low risk for any intermediate risk surgery. However, he is not able to give history or answer review of system questions appropriately, and all the information I got is from an overnight nurse covering at SNF. We will recommend to delay the surgery if possible to be able to monitor the patient further and and try to obtain more information about him.

- Given history of dysphagia, would recommend speech consult.
- Given patient usually is in a lockdown behavioral unit of SNF, history of mood disorder, dementia, delusional thoughts, would recommend psych consult.
- Given his very recent eye surgery, would recommend ophthalmology consult, as I would assume he must be on some eye treatments?
- I asked the facility to fax over his list of medication, home medication may need to be restarted.
- Cardiac monitor
- Continue fluids for AKI, (last creatinine 1.0 September 2017) monitor kidney function and lytes.
- monitor HTN, may need to start medication for HTN

Thank you for the consult.

Discussed with Dr. Jhamb

Fereshteh Rajabi, MD
Internal medicine, PGY-2
pager: (412) 270-2039

Professional Services
Credentials Title and Author

Credentials: MD.
Title: Resident.
Supervising MD: JHAMB MD, MOHIT.

Addendum by JHAMB MD, MOHIT on November 16, 2017 6:54 AM:

I performed a **history and physical** examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented history, physical exam findings and plan of care. Labs, VS reviewed.
Based on information we have from the personal care home he is low to intermediate risk for the surgical procedure planned.

Addendum by FOUST MD, KATHERINE M on November 16, 2017 8:26 AM:

Pt's name is George Warheit-medical history of hypothyroidism, hyperlipidemia
He has no active chest pain
EKG reviewed
Agree with cardiac risk index in rresident note
pt is low to intermediate risk for OR-no further testing is indicated
No delay is indicated for the surgery-we will follow perioperatively
Ortho PA updated with information

Perform - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 04:13)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 05:42)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 05:51)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:13)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:17)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:36)
Modify - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:37)
Sign - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:37)
VERIFY - Completed by RAJABI MD, FERESHTEH (on 11/16/2017 06:37)
Sign - Completed by JHAMB MD, MOHIT (on 11/16/2017 06:54)
Modify - Completed by JHAMB MD, MOHIT (on 11/16/2017 06:54)
Sign - Completed by FOUST MD, KATHERINE M (on 11/16/2017 08:26)
Modify - Completed by FOUST MD, KATHERINE M (on 11/16/2017 08:26)

Page 4 of 4

Ortho Consult Note (PDI):

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **JOHNS, MINDAY M**

Basic Information

Visit Information: Patient seen on 11/15/2017.
As per chart review:
71 YOM w/unknown pmhx presents as a level 1 trauma after being struck by a car, hit and run. As per the sons report: The patient had wandered out of the VA in Oakland after he had glaucoma surgery and traveled to Mt Washington.
The patient was found down on the road with an AMS and a bloody face and hands. Unknown LOC. Pt arrived HDS w/ GCS of 10. Secondary survey revealed small lacerations to the pts scalp and bilateral fingers, denies any pain or SOB. Fast was negative. ABG was drawn. Pt was then transfered to the CT scanner HDS for further evaluation. Injury complex: nasal and L hip fx's.

Ortho consulted for a displaced, comminuted and impacted L IT hip fracture. Plain films and CT scans ordered. Limited exam, patient is disoriented stating he is in Greensburg and that it is 1949. Patient denies n/t/paresthesias. PPP, SILT, NVI, comps soft/compressible, BCR, WWP.

Called the son (legal guardian) at 0345a to obtain info on his father. States the patient resides in a SNF by the name of The Grove at Latrobe. States his father has severe dementia and he thinks he has HTN and hypothyroidism. Bedside RN on 7f has called the facility and is awaiting a fax with the patients meds and Hx. Discussed these findings with trauma. Trauma to place a medicine consult d/t patient needing surgery on his hip in the AM.

Consultation Information

Consultant contact information: Pager ..

Histories

UTO due to patients confusion

PSH:
R hip DHS visualized on CT scout
Glaucoma

PMH:
Dementia
questionable HTN and hypothyoidism

Home/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

Miscellaneous Medication [Order Comment: Patient is a Doe and is confused but stated he doesnt take any meds]

Allergies

Allergies

No Known Medication Allergies

Review of Systems

Refer to HPI

Objective

Aox possible to self, stated his name as George Warheit
Stated the year was 1949, Location Greensburg, DOB 9/8/46
Seen at his bedside in the ED, reoriented the patient

L hip:

Extremity is externally rotated
DF/PF 4/5, wiggles all toes
Further ROM deferred d/t fx
Skin free of erythema, ecchymosis, or excessive warmth
Superfical abrasions to the knee
SILT to all nerve distributions of the extremity
DP/PT pulses 2+ palp
Edema 2+ to the thigh
BCR to the nailbeds
Extremity WWP
Denies calf, knee or ankle pain with palpation
Compartments soft and compressible

All other major joints ranged and palpated, pain free

Results Review

Fishbone Labs *(Past 24 hours)*

	\ 14.2 /		140	| 105	| 20	/	Ca |-- 9.1	AST |-- 22		pH |-- 7.46
7.0	|--------| 183		-------	-------	--------|	127	Mg |-- 1.9	ALT |-- 30	INR |-- 1.1	pCO2 |-- 26
	/ 41.7 \		4.5	| 20	| 1.31	\	Phos |-- 3.1	TBili |-- 0.5	PTT |-- 24	pO2 |-- 90
								AlkP |-- 90	Anti-Xa |--		HCO3 |-- 18
								gGTP |--			
	11/15 18:30			11/15 18:30			11/15 18:30	11/15 18:30	11/15 18:30		11/15 18:35

Additional Labs *(Past 24 hours) - No qualifying labs resulted.*

Result Type:	XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV
Performed Date:	November 15, 2017 10:21 PM
Result Status:	Final
Result Title:	XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED
Encounter info:	0183193817319, UPMCMER, Inpatient, 11/15/2017 -
Contributor system:	IDXRAD

* Final Report *

XRHIP23VLT
EXAM(S): XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED

CLINICAL HISTORY:
Age: 116 years . Gender: Male.
Stated history: " hip fx seen on CT" Additional history: None.

TECHNIQUE: Pelvis portable AP and left hip portable AP and frog lateral views (3 views)

COMPARISON: CT left hip 11/15/2017

FINDINGS:

There is generalized osteopenia. No displacement or distraction is seen across the pelvic rings. There is mild bilateral sacroiliac joint osteoarthritis. Multilevel spondylosis is also noted in the visualized portions of lower lumbar spine, incompletely evaluated on this exam.

Both femoral heads are located. There is an acute comminuted intertrochanteric fracture of the left femur with varus neck-shaft alignment. There is also mild to moderate osteoarthritis of the left hip.

There is mild to moderate osteoarthritis of the right hip. There has been prior open reduction internal fixation with antegrade intramedullary nail of the right proximal femur, incompletely evaluated and visualized on this exam.

IMPRESSION:

Acute comminuted intertrochanteric fracture of the left femur with varus neck-shaft alignment.

Dictated by: ARMANDO S HERRADURA
Signed by: ARMANDO S HERRADURA
Signed on: 11/16/2017 at 04:56 AM

LE CT w/o Contrast LT

Performed Date:	November 15, 2017 9:44 PM
Result Status:	Final
Result Title:	CT LOWER EXTREMITY WITHOUT CONTRAST LEFT
Encounter info:	0183193817319, UPMCMER, Inpatient, 11/15/2017 -
Contributor system:	IDXRAD

* Final Report *

CTLEXTLTX
CLINICAL HISTORY: Male of unknown age with left hip fracture

TECHNIQUE: Axial CT images of the patient's left hip were obtained at 1.25 mm intervals from the mid iliac crest through the proximal tibia and fibula, examined on soft tissue and bone algorithm and used a basis for coronal and sagittal reformatted images.

FINDINGS: A comminuted intertrochanteric fracture of the patient's left hip is present. No dislocation of the femoral head is present. The femoral neck is intact and there is mild degenerative change of the hip and left SI joint. Degenerative changes are also seen of the lower lumbar spine including the L4-L5 and L5-S1 disc spaces.

The intrapelvic contents are unremarkable aside from enlargement of the prostate. No diverticulosis or diverticulitis is present. No intrapelvic fluid collection or soft tissue mass is present.

On the sagittal and coronal reformatted images, the mildly impacted nature of the intertrochanteric fracture is present. Minimal degenerative changes are present of the patient's knee and hip.

IMPRESSION: Intertrochanteric fracture of the left hip as described above.

Dictated by: CYNTHIA A BRITTON
Signed by: CYNTHIA A BRITTON
Signed on: 11/15/2017 at 9:53 PM

Impression and Recommendations

71 YOM w/unknown pmhx presents as a level 1 trauma after being struck by a car, hit and run. The patient had wandered out of the VA in Oakland after he had glaucoma surgery. The patient traveled to Mt Washington as per the sons report. The patient was found down on the road with an AMS and a bloody face and hands. Unknown LOC. Sustained a L displaced, comminuted and impacted IT fx of the hip.

Admitted to trauma
Disoriented, limited exam
Plain films and CTs ordered in ED

LLE: SILT, PPP, NVI, comps soft/compressible, BCR, WWP
NWB LLE
Ice to thigh/hip
Q2h NV checks

NPO (X)
Preopd (X)

Booked (X)
Pending medicine c/s
Verbal Consent needs to be obtained by daylight team: Son (legal guardian) Scott Warheit 7244338792

DVT ppx- as per primary
Pain control- as per primary
PT/OT

Attending to staff and review all films in the AM 11/16
Thank you for this c/s, please page with any questions 4126020074

Diagnosis: L comminuted and dispalced IT fx of the hip.

Professional Services
Credentials Title and Author
Credentials: CRNP.
Title: CRNP.
Supervising MD: MOLONEY MD, GELE B.

Perform - Completed by JOHNS, MINDAY M (on 11/15/2017 20:10)
Modify - Completed by JOHNS, MINDAY M (on 11/15/2017 20:13)
Modify - Completed by JOHNS, MINDAY M (on 11/15/2017 20:44)
Modify - Completed by JOHNS, MINDAY M (on 11/15/2017 21:12)
Modify - Completed by JOHNS, MINDAY M (on 11/16/2017 01:08)
Modify - Completed by JOHNS, MINDAY M (on 11/16/2017 03:07)
Modify - Completed by JOHNS, MINDAY M (on 11/16/2017 04:50)
Modify - Completed by JOHNS, MINDAY M (on 11/16/2017 05:03)
Sign - Completed by JOHNS, MINDAY M (on 11/16/2017 05:03)
VERIFY - Completed by JOHNS, MINDAY M (on 11/16/2017 05:03)
Sign - Requested by MOLONEY MD, GELE B (on)

Plastics Consult Note (PDI):

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **DREIFUSS MD, STEPHANIE E**

Basic Information
Visit Information: Patient seen on 11/16/2017.

Consultation Information
Consultant contact information: Pager PRS on call.

History of Present Illness
CC: facial trauma

HPI: Patient reported age 74yo M (not reflected in computer yet) found down on the road with facial injuries. CT max face showing nasal bone fracture. Multiple facial abrasions repaired in emergency department. Per report, he was hit by a car. Unknown whether he had loss of consciousness. Patient resides in a SNF and has severe dementia.

Histories

PMH:
Dementia
questionable HTN and hypothyoidis

PSH:
R hip DHS visualized on CT scout
Glaucoma

Fam:
unknown

Soc:
resides in a SNF

Home/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

Miscellaneous Medication [Order Comment: Patient is a Doe and is confused but stated he doesnt take any meds]

Inpatient Medications

Scheduled Medications
docusate (Colace) 100mg By Mouth BID
senna 2tab(s) By Mouth AtBedtime

PRN Medications
acetaminophen (Tylenol) 650mg By Mouth Q6H
HYDROmorphone (Dilaudid) 0.2mg IVP Q4H
ondansetron (Zofran) 4mg IVP Q6H
oxycodone (oxycodone immediate release) 2.5mg By Mouth Q6H
oxycodone (oxycodone immediate release) 5mg By Mouth Q6H

One-Time Medications *(Time shown is time ordered to be given.)*
[11/15 20:03] influenza virus vaccine, inactivated (Fluzone High-Dose 2017-2018) 0.5mL IM ONCE
[11/16 05:48] pneumococcal 23-polyvalent vaccine (Pneumovax 23) 0.5mL IM ONCE
[11/15 22:14] tetanus/diphth/pertuss (Tdap) adult/adol (Boostrix (Tdap, age 10 and older)) 0.5mL IM ONCE

Continuous Infusions
Lactated Ringers 1,000 mL Initial Rate= 80mL/hr IV

Allergies

Allergies

penicillin [swelling]

Review of Systems

Constitutional: Negative.
Eye: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.

Objective

Vital Signs:

Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*

TempC 37.7 (36.6-37.7) **SBP** 142 (114-167) **DBP** 65 (50-106) **Pulse** 99 (99-119) **RR** 16 (12-43)
SaO2 97 (95-100) **FiO2-O2(L/m)** 2 L/m (2 L/m-2 L/mL/m) **Dosing Wt** 64.0 kg **BMI** 20.2

General: No acute distress.
Eye: Normal conjunctiva.
HENT: Normocephalic,
Focused facial examination:
Scalp- nontender, no lacerations, no bony step offs, no swellling
Face- nontender, lacerations s/p repair on forehead, no bony step offs, no swelling
Sensation- in tact in V1/V2/V3 nerve distributions
Motor- symmetric facial nerve function
Eyes- no periorbital tenderness or lacerations, no bony deformity, no swelling or periorbital hematoma, no enophthalmos
Ocular exam- PERRL, EOMI, no subconjunctival hematoma
Ears- no lacs, no battle's sign
Nose- relatively symmetric, tender, dorsal abrasion, no septal hematoma
Maxilla- nonmobile
Zygoma- no deformity, no facial widening, face symmetric, no trismus
Mandible- nontender, no bony step offs, no swelling, full mouth opening, no trismus, no TMJ pain when palpated through EAC

Neck: Supple.
Respiratory: Respirations are non-labored.
Cardiovascular: Normal peripheral perfusion.
Gastrointestinal: Soft.
Musculoskeletal: No deformity.
Integumentary: Warm, Dry, Pink.
Psychiatric: Cooperative.

Results Review

Fishbone Labs *(Past 24 hours)*

	\ 14.2 /	140	105	20	/	Ca |-- 9.1	AST |-- 22			pH |-- 7.46	
7.0	|--------| 183	--------	--------	--------|	127	Mg |-- 1.9	ALT |-- 30	INR |-- 1.1		pCO2 |-- 26	
	/ 41.7 \	4.5	20	1.31	\	Phos |-- 3.1	TBili |-- 0.5	PTT |-- 24		pO2 |-- 90	
							AlkP |-- 90	Anti-Xa |--		HCO3 |-- 18	
							gGTP |--				
	11/15 18:30	11/15 18:30				11/15 18:30	11/15 18:30	11/15 18:30		11/15 18:35	

Additional Labs *(Past 24 hours) - No qualifying labs resulted.*

Rad: nasal bone fracture

Impression and Recommendations

71yo M hx of dementia hit by car consult for nasal bone fractures. Patient has minimal appreciable asymmetry. His nasal airway is patent. Fracture is likely nonoperative.
- Aquaphor to abrasions
- Follow up PRN with Dr. Stofman
- No operative intervention or antbiotics

Page PRS with questions.

Stephanie E. Dreifuss, MD
Plastic Surgery, PGY4

Addendum by STOFMAN MD, GUY M on November 16, 2017 3:14 PM:
Agree with assessment. Pt seen and evaluated on 11/16/17. At this time does not appear to be significantly disfiguring, and midface is stable. CT reviewed. Nasal fracture. Airway not compromised. Sinus precautions hob elevated. No plans operate Will follow

Perform - Completed by DREIFUSS MD, STEPHANIE E (on 11/16/2017 06:48)
Sign - Completed by DREIFUSS MD, STEPHANIE E (on 11/16/2017 06:48)
VERIFY - Completed by DREIFUSS MD, STEPHANIE E (on 11/16/2017 06:48)
Sign - Completed by STOFMAN MD, GUY M (on 11/16/2017 15:05)
Sign - Completed by STOFMAN MD, GUY M (on 11/16/2017 15:14)
Modify - Completed by STOFMAN MD, GUY M (on 11/16/2017 15:14)

PM&R Consult Note (PDI):

University of Pittsburgh Medical Center

Patient: **WARHEIT, GEORGE** **MRN: 971108352** **FIN: 0183193817319**
Age: **71 years** Sex: **Male** DOB: **9/8/1946**
Associated Diagnoses: **None**
Author: **POSTREICH PA-C, KATHRYN M**

Basic Information

Visit Information: Patient seen on 11/17/2017.
Requesting MD: SIX DO, CHERYL K.
Reason for Consult: Assist in determining post acute needs.

History of Present Illness

Patient is a 71 YO WM with PMH dementia who was brought to ED on 11/15/17 after being found down on the side of the road with bloody injuries to his head, hands and face. He is a poor historian, medical records were reviewed. He is oriented only to himself at this time. Year is 1917, he believes he is at Latrobe Hospital. He reportedly had been at the VA Hospital earlier for procedure and managed to wander out of the hospital and make his way to Mt. Washington area where he was found. Patient told EMS personnel that he was hit by a car and lay there for awhile before being found. Injuries include left intertrochanteric fracture, nasal bone fracture extending into the nasal bridge, facial and head lacerations. He was taken to the OR on 11/16 by Dr. Moloney for IMN to the left femur. He is now WBAT to LLE. Patient was observed walking with PT. He was fatigued, but participated and followed most directions.

Histories

From chart review:

Past medical history

Hypertension
Hypothyroidism
BPH
Hyperlipidemia
Dementia
Mood disorder
Dysphagia
B12 deficiency

Past surgical history

Right hip surgery
Eye surgery

Family history

Unknown

Social history

No smoking, no alcohol or drug use
Has 2 sons
Son (legal guardian) Scott Warheit 7244338792

Functional History:

Prior to Admission:

lives at SNF, in a locked down behavioral unit, able to take care of himself and feed himself at the facility, reportedly he is always oriented ×2, has episodes of dilution where he thinks he lives with his wife and his alcohol but usually does not get agitated and does not cause any issue at SNF.

Current level of function:

PT: Pt ambulated 40' with modax1 plus min assist of another person. Pt required assist to guide ww properly and vc's to stay within ww. Pt demonstrated an unsteady gait pattern 2/2 ambulating with an uneven cadence and anterior trunk lean.
OT: BUE AROM is WFL. Total A required for LB dressing. Supine>sit, sit<>stand, and bed>chair transfer completed with min Ax2 using w/w.

Home/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

cholecalciferol (Vitamin D (cholecalciferol)) 2,000 IntLUnit By Mouth

Page 1 of 3

donepezil (Aricept)(donepezil 10 mg oral tablet) 10 mg AT BEDTIME By Mouth

finasteride (finasteride 5 mg oral tablet) 5 mg ONCE A DAY By Mouth

levothyroxine 112 mcg EVERY MORNING By Mouth

memantine (memantine 10 mg oral tablet) 10 mg 2 TIMES A DAY By Mouth

methylcobalamin (Vitamin B12 Methylcobalamin) 5,000 mcg ONCE A DAY Sublingual

Miscellaneous Medication [Order Comment: Patient is a Doe and is confused but stated he doesnt take any meds]

pravastatin (Pravachol)(pravastatin 80 mg oral tablet) 80 mg ONCE A DAY By Mouth

risperidone 1 mg AT BEDTIME By Mouth

risperidone 37.5 mg Every 14 days IM

Inpatient Medications

Scheduled Medications
docusate (Colace) 100mg By Mouth BID
enoxaparin (Lovenox) 30mg subQ Q12H
senna 2tab(s) By Mouth AtBedtime
vancomycin 1,000mg IVPB Q12H
PRN Medications
acetaminophen (Tylenol) 650mg By Mouth Q6H
HYDROmorphone (Dilaudid) 0.2mg IVP Q4H
ondansetron (Zofran) 4mg IVP Q6H
oxycodone (oxycodone immediate release) 2.5mg By Mouth Q6H
oxycodone (oxycodone immediate release) 5mg By Mouth Q6H
One-Time Medications *(Time shown is time ordered to be given.)*
[] influenza virus vaccine, inactivated (Fluzone High-Dose 2017-2018) 0.5mL IM ONCE
[11/16 20:49] pneumococcal 23-polyvalent vaccine (Pneumovax 23) 0.5mL IM ONCE
Recently Discontinued Medications
HYDROmorphone 0.2mg IVP Q5Min
HYDROmorphone 0.4mg IVP Q5Min
Lactated Ringers 1,000 mL 1,000mL 80mL/hr IV

Allergies

Allergies

penicillin [swelling]

Review of Systems
Constitutional: Weakness, Fatigue.
Eye: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Musculoskeletal: denies pain.
Integumentary: Negative.
Neurologic: Negative.
Refer to HPI
All other systems are negative

Objective
Vital Signs:
Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*

TempC 37.2 (35.4-37.8) **SBP** 130 (53-172) **DBP** 66 (31-89) **Pulse** 105 (68-113) **RR** 16 (14-23)
SaO2 95 (93-100) **FiO2-O2(L/m)** 21% (21-21%) **Dosing Wt** 64.0 kg **BMI** 20.2

I & O *(Summary)*

I&O	(11/16)	7a-3p	3p-11p	11p-7a	Total	(11/17)	7a-3p	3p-11p	11p-7a
Intake:		80	600	320	1000	163	37		
Output:		630	10	1215	1855	750			
Balance:		-550	590	-895	-855	-587	37		

General: No acute distress.
Eye: periorbital ecchymoses. .
HENT: +frontal head lac and multiple facial abrasions.
Neck: Supple, Non-tender, No thyromegaly.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds.
Musculoskeletal: BUE with 5/5 strength. LLE with 4/5 strength, movements limited by discomfort. Ambulated with walker with PT, using tip toes b/l when walking..
Integumentary: multiple bruises and abrasions.
Psychiatric: Cooperative.
Neurologic:
Cognitive/Language: Arousal (Alert), Oriented to (Self, Being in hospital), Commands (Ability to follow simple commands), Language/Speech (Fluent).
Cranial Nerves: Normal.
Gait: Unsteady.

Results Review

Fishbone Labs *(Past 24 hours)*

	\ 10.4 /	139	105	12 /	Ca |-- 8.2	AST |--		
7.1	|--------| 115	-------	-------	--------| 115	Mg |--	ALT |--	INR |--	
	/ 29.6 \	3.7	26	0.90 \	Phos |--	TBili |--	PTT |--	
						AlkP |--	Anti-Xa |--	
						gGTP |--		
	11/17 07:44		11/17 07:44		11/17 07:44			

Additional Labs *(Labs more recent than those in fishbones above plus other selected labs in past 24 hrs - Max 50)*

11/17 14:07	Hct	L 29.9
11/17 14:07	Hgb	L 10.3

all labs and imaging reviewed. Pertinent results as listed in HPI and above.

Impression and Recommendations
Impression: 71 YO WM with PMH dementia admitted after being found down on teh side of the road, possibly being hit by a car, sustaining left intertrochanteric hip fracture, nasal fracture, head and facial lacerations. .
Etiological Diagnosis: Closed trochanteric fracture of left femur with routine healing (ICD10-CM S72.102D, Working, Diagnosis).
Not a Candidate for Inpatient Rehab: Recommended services: SNF.
Justification for Recommendation: Patient is unable to tolerate >3 hours of therpay per day at this time. .
Communication: Case discussed with: nursing, case managment and PT.

Professional Services
Credentials Title and Author
Credentials: PA-C.
Title: PA.

Perform - Completed by POSTREICH PA-C, KATHRYN M (on 11/17/2017 16:34)
Modify - Completed by POSTREICH PA-C, KATHRYN M (on 11/17/2017 23:43)
Sign - Completed by POSTREICH PA-C, KATHRYN M (on 11/17/2017 23:43)
VERIFY - Completed by POSTREICH PA-C, KATHRYN M (on 11/17/2017 23:43)
Sign - Completed by TWICHELL MD, MARIA F (on 11/20/2017 15:20)

Discharge Summary/Day of DC Note:

University of Pittsburgh Medical Center

Patient: **WARHEIT, GEORGE** **MRN: 971108352** **FIN: 0183193817319**
Age: **71 years** Sex: **Male** DOB: **9/8/1946**
Associated Diagnoses: **None**
Author: **BRYNIEN, DANIEL H**

Discharge Information

Discharge Summary:

Overnight events: No acute events overnight.
Discharge Date: 11/22/2017.

Demographics

Admitted: 11/15 19:47 **Reason:** LT HIP FRACTURE
LOS: 6.8 (Hospital Day: 7) **Attending:** SIX DO, CHERYL K (General Surgery)

PROVIDERS
PCP: Doctor Unknown
Attending: Cheryl Six
Referring: Physician Nonassigned
Consulting: Physician Nonassigned; Kristina Curci; Upp physical medicine and rehab Mer; Ruben Abunto

Follow-up Appointments
WITHIN 1 WEEK: Follow up with primary care provider
FOLLOW-UP WITH PCP FOR POST-HOSPITAL CARE. YOUR SYNTHROID DOSE HAS BEEN LOWERED AND YOU WILL NEED REPEAT THYROID FUNCTION TESTING IN 4-6 WEEKS.

WITHIN 2 WEEKS: GELE MOLONEY
(412) 687-3900 (APPT) (412) 232-5800 (OFFICE)
UPP DEPARTMENT OF ORTHOPEDICS - MERCY
1350 LOCUST STREET
SUITE 220, BUILDING C, PITTSBURGH, PA, 15219
FOLLOW UP FOR POST OPERATIVE CARECALL TO SCHEDULE FOLLOW UP APPOINTMENT

AS NEEDED, ONLY IF NEEDED: GUY STOFMAN
(412) 232-5616
STOFMAN PLASTIC SURGERY GROUP
1350 LOCUST STREET
STE G-103, PITTSBURGH, PA, 15219
IF YOUR CONDITION IS NOT IMPROVING REGARDING NASAL BONE FRACTURES

AS NEEDED: RONALD BENOIT
(412) 232-5850
UPMC MERCY
1350 LOCUST STREET
BUILDING C, SUITE G100A, PITTSBURGH, PA, 15219
CALL TO SCHEDULE FOLLOW UP APPOINTMENT IF UNABLE TO DISCONTINUE FOLEY CATHETER DUE TO URINARY RETENTION

AS NEEDED, ONLY IF NEEDED: UPMC Mercy Health Center-- Trauma/Burn Clinic
412-232-7681
1515 LOCUST STREET
SECOND FLOOR ROOM 236, PITTSBURGH, PA, 15219

Discharge Medications: *(As of 11/22/17 16:06)*
ACETAMINOPHEN (TYLENOL 325 MG ORAL TABLET) 2 TABS BY MOUTH EVERY 6 HOURS AS NEEDED FOR MILD PAIN
BACITRACIN TOPICAL (BACITRACIN 500 UNITS/G TOPICAL OINTMENT) 1 APPLICATION TOPICALLY 2 TIMES A DAY
CHOLECALCIFEROL (VITAMIN D (CHOLECALCIFEROL)) 2,000 INTLUNIT BY MOUTH
DOCUSATE (COLACE 100 MG ORAL CAPSULE) 1 CAP BY MOUTH 2 TIMES A DAY
DONEPEZIL (10 MG ORAL TABLET) 1 TAB BY MOUTH AT BEDTIME
ENOXAPARIN (30 MG/0.3 ML INJECTABLE SOLUTION) 0.3 ML BENEATH THE SKIN EVERY 12 HOURS FOR 21 DAY
FINASTERIDE (5 MG ORAL TABLET) 1 TAB BY MOUTH ONCE A DAY
LEVOTHYROXINE (SYNTHROID 88 MCG (0.088 MG) ORAL TABLET) 1 TAB BY MOUTH EVERY MORNING
MEMANTINE (10 MG ORAL TABLET) 1 TAB BY MOUTH 2 TIMES A DAY
METHYLCOBALAMIN 5,000 MCG SUBLINGUAL ONCE A DAY
OXYCODONE (5 MG ORAL TABLET) 1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED FOR SEVERE PAIN; FOR CONTINUATION OF THERAPY; Dispense Quantity: 24 TABS; Prescription Printed
PRAVASTATIN (80 MG ORAL TABLET) 1 TAB BY MOUTH ONCE A DAY

PREDNISOLONE OPHTHALMIC (PREDNISOLONE ACETATE 1% OPHTHALMIC SUSPENSION) 1 DROP LEFT EYE FOUR TIMES A DAY
RISPERIDONE 37.5 MG IM EVERY 14 DAYS; THIS IS RISPERDAL CONSTA
RISPERIDONE 1 MG BY MOUTH AT BEDTIME
SENNA (8.6 MG ORAL TABLET) 2 TABS BY MOUTH AT BEDTIME
SULFAMETHOXAZOLE-TRIMETHOPRIM (BACTRIM DS) 1 TAB BY MOUTH 2 TIMES A DAY FOR 5 DAYS
TAMSULOSIN (FLOMAX 0.4 MG ORAL CAPSULE) 1 CAP BY MOUTH ONCE A DAY (AFTER A MEAL)

Hospital Course

Patient is a 71 year old male who presented as a Level 1 trauma on 11/15 after being found down on the road with altered mental status. He was found to have left intertrochanteric femur fracture, nasal bone fracture extending into the nasal bridge, as well as several head lacerations (which were repaired in the ED). PRS evaluated him for his nasal bone fracture and recommended nonoperative management with sinus precautions. He was evaluated by orthopedics, who took him to the operating room on 11/16 and placed a left femur intramedullary nail. His post-operative course was complicated by urinary retention, for which a Foley catheter was replaced. He was also found to have a UTI, for which he was given a five-day course of Bactrim. His pain was well-controlled and he was tolerating his baseline dysphagia diet. He was discharged to SNF on 11/22 with all appropriate prescriptions and follow-up

Results Review

Fishbone Labs *(Past 24 hours) - No qualifying labs resulted.*

Additional Labs *(Past 24 hours) - No qualifying labs resulted.*

Microbiology: *(Resulted in the past 36 hrs. Ordered by last time updated.)*

Last Update: 11/22/17 12:32 PM **URINE CULTURE**
Collected: 11/21/17 9:27 AM Accession Num: T11099952 Status:
Preliminary
Specimen Desc: Urine Special Request:
Culture: Gram Negative Rods >100000 colony forming units/mL

Health Status

Allergies

penicillin [swelling]

Problems

Benign prostatic hypertrophy; COPD (chronic obstructive pulmonary disease); HTN (hypertension)

Physical Examination

Vital Signs *(Last 7 in past 36 hours)*

Vitals	TempC	BP	Pulse	RR	SaO2	FiO2
11/22 07:42					94	
11/22 07:32	36.4	130/76	120		94	
11/22 06:48			126		92	
11/22 06:47	36.5	96/57				
11/21 18:21	36.9	133/78	114		96	
11/21 07:33	36.8	153/74	93		95	

24 Hr Max Temp: 36.9 at 11/21 18:21
36 Hr Max Temp: 36.9 at 11/21 18:21

Dosing Wt: 64.0 kg *(As of 11:16:17 08:05)*
BMI: 20.2 *(As of 11:16:17 08:05)*

Weights *(Last 5 in past 7 days)*

Date / Time	Weight(kg)
11/15 20:03	64.0

Dosing Wt = 64.0 kg *(As of: 11/16 08:05)*

I & O *(Summary)*

I&O (11/21)	7a-3p	3p-11p	11p-7a	Total	(11/22)	7a-3p	3p-11p	11p-7a
Intake:								
Output:	650	375	175	1200		200		
Balance:	-650	-375	-175	-1200		-200		

General: Alert and oriented, No acute distress.
Eye: Normal conjunctiva, Vision unchanged.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Normal peripheral perfusion.
Gastrointestinal: Soft, Non-tender, Non-distended.
Musculoskeletal: No deformity, L hip tender to palpation. Dressings c/d/i.
Integumentary: Warm, Dry.
Psychiatric: Cooperative, Appropriate mood & affect.

Discharge Plan

Discharge Summary Plan

Discharge medications: PDMP reviewed. Appropriate prescriptions prescribed.
Discharge disposition: discharge to skilled nursing facility.
Discharge instructions given: to patient.
Patient/Family Response to Instruction: able to recall/perform demonstration.
Discharge Status: stable.
Dietary Restrictions: balanced diet.
Prescriptions: continue same medications, written and given to patient.
Time Spent Discharging Patient: Total time spent discharging patient was 25 minutes.

Professional Services

Credentials and Title of Author

Credentials: MD.
Title: Resident.
Supervising MD: SIX DO, CHERYL K.

Perform - Completed by BRYNIEN, DANIEL H (on 11/22/2017 16:15)
Modify - Completed by BRYNIEN, DANIEL H (on 11/22/2017 16:28)
Sign - Completed by BRYNIEN, DANIEL H (on 11/22/2017 16:28)
VERIFY - Completed by BRYNIEN, DANIEL H (on 11/22/2017 16:28)

Electronically Authenticated by:
Cheryl Six, DO
on 11/27/2017 03:55 PM EST

ED Evaluation Note-Mercy:

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **NASSAR MD, JESSICA L**

Visit Information
Visit Information: Patient seen on 11/15/2017.

Findings

Emergency Medicine
Trauma Resuscitation and Evaluation Note

I saw and evaluated the patient. I have reviewed the nursing trauma flow sheet and the resident trauma note, and agree with the findings except as documented below.

CHIEF COMPLAINT: Facial injury, found down on the side of the road

HISTORY OF PRESENT ILLNESS: Unknown age over male presents to the emergency department with facial injuries after being found down on the side of the road. He presents as a level I trauma. Apparently he was found down on the side of the road with blood about his head and bilateral hands. He can tell us his name and says that he was in an accident tonight, but cannot give us any further history.

REVIEW OF SYSTEMS: As per HPI and per trauma resident note

PAST MEDICAL HISTORY: Unable to obtain

SOCIAL HISTORY: See Chart

PHYSICAL EXAM: Vital Signs reviewed trauma chart

PRIMARY SURVEY
Airway: Airway is patent
Ventilation:
CHEST: Non-tender, symmetrical
LUNGS: Clear to auscultation and breath sounds equal
Circulation:
Skin Color: normal skin color; midline horizontal forehead laceration noted, abrasion to the bridge of the nose
Pulse: normal pulses
Neurological: alert and conscious
1) Response to Vocal Stimuli: appropriate response to verbal stimuli; oriented to self, not to place or time, believe that is the 1940s
2) Response to Painful Stimuli: appropriate response to painful stimuli

SECONDARY SURVEY
EYES: PERRL, EOMI.
NECK: Cervical collar in place. Trachea midline.
HEART: Regular rate and rhythm.
ABDOMEN: Soft, non-distended. No tenderness.
MUSCULOSKELETAL: Extremities are symmetrical, without deformity or traumatic injury.

LABORATORY: Trauma labs

RADIOLOGY: Trauma CT series

EMERGENCY DEPARTMENT COURSE: Unknown age male presents to the emergency department with altered mental status, found down on the side of the road with lacerations to the forehead and blood in his bilateral hands. History is unclear. Extensive trauma workup pursued. This reveals a left-sided intertrochanteric hip fracture, thickening of the right colon suggesting colitis. Dedicated hip x-ray obtained. Orthopedics consulted. They recommended plain films of the left hip, pelvis and CT of the left lower extremity. Patient will be admitted to the trauma service.

MEDICAL DECISION MAKING: I discussed the patient's care with the attending trauma surgeon, Dr. Six.

DIAGNOSIS: Left intertrochanteric hip fracture, facial lacerations, altered mental status

Page 1 of 2

Professional Services
Credentials Title and Author
Credentials: MD.
Title: Attending.
Addendum by NASSAR MD, JESSICA L on November 15, 2017 10:24 PM:

Per my interpretation:
Electrocardiogram (ECG)
RATE: 10 9 bpm
RHYTHM: [Sinus tachycardia
AXIS: [Normal]
INTERVALS: [Normal]
ST-T WAVE CHANGES: [No significant change]
ABNORMALITIES/COMPARISON: [No comparison]

Perform - Completed by NASSAR MD, JESSICA L (on 11/15/2017 18:46)
Modify - Completed by NASSAR MD, JESSICA L (on 11/15/2017 19:42)
Modify - Completed by NASSAR MD, JESSICA L (on 11/15/2017 22:03)
Sign - Completed by NASSAR MD, JESSICA L (on 11/15/2017 22:03)
VERIFY - Completed by NASSAR MD, JESSICA L (on 11/15/2017 22:03)
Sign - Completed by NASSAR MD, JESSICA L (on 11/15/2017 22:24)
Modify - Completed by NASSAR MD, JESSICA L (on 11/15/2017 22:24)

Page 2 of 2

Trauma Admission H&P (PDI):

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **LINDQUESTER, WILL S**

Basic Information

Demographics

Admitted: 11/15 18:31
LOS: 0.0 (Hospital Day: 0)
Reason: EMS LVL 1 LACERATIONS TO HEAD, AND HANDS
Attending: MURRAY MD, KEITH J (Emergency Medicine)

Team: Mercy.
Visit Information: Patient seen on 11/15/2017.

History of Present Illness
Mechanism of injury unknown. Location of injury head. Duration/Timing earlier today. Pain mild. Injury mild.

71 YOM w/unknown pmhx presents as a level 1 trauma after an unknown mechanism left the pt found down on the road with an altered mental status. Unknown LOC. Pt arrived HDS w/ GCS of 10. Secondary survey revealed small lacerations to the pts scalp and bilateral fingers, denies any pain or SOB. Fast was negative. ABG was drawn. Pt was then transfered to the CT scanner HDS for further evaluation. Later on, patient stated that he was hit by car and was laying there for a long period of time.

Primary Assessment
Primary Survey:
Airway Patent Yes.
Breathing equal bilaterally.
Circulation: Pulse / Strength 2+. .
Interventions on the primary survey None.

Histories
Preexisting Conditions: Unable to obtain: Altered mental status.

Review of Systems
Unable to obtain: Reason: Due to altered mental status.

Allergies

Allergies

Home/Transfer/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

There is no Home Medication information to display.

Inpatient Medications

Medications: *No active / recently discontinued inpatient medication orders.*

Objective
Vital Signs:
Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*

SBP 155 (148-155) **DBP** 74 (74-86) **Pulse** 55 (55-55) **RR** 19 (19-43) **SaO2** 100 (100-100)

Physical Examination

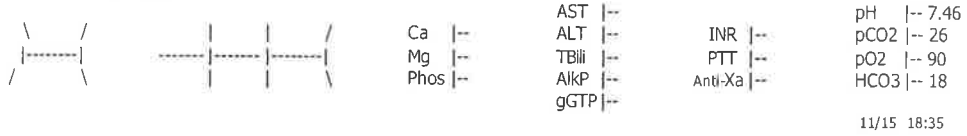
Hemodynamics *(Last 7 in past 36 hours)*
No data found in the last 36 hours.

Vent Settings *(Last 7 in past 36 hours)*
No data found in the last 36 hours.

General: No acute distress.
Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.
HENT: Not examined.
Neck: Supple, Non-tender.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Good pulses equal in all extremities.
Gastrointestinal: Soft, Non-tender, Non-distended.
Lymphatics: Not examined.
Musculoskeletal: No tenderness, No deformity.
Integumentary: Several head lacerations.
Neurologic: Glasgow Coma Scale: Eye opening response, Motor response, Verbal response, Total score 10 (10 due to no verbal response. Pt began speaking after exam was complete).
Psychiatric: Appropriate mood & affect.

Results Review

Fishbone Labs *(ED Visit)*



Additional Labs *(ED Visit) - No qualifying labs resulted.*

Assessment and Plan

Diagnosis: Closed trochanteric fracture of left femur with routine healing (ICD10-CM S72.102D, Working, Diagnosis).

Plan

Unknown age male presents level I trauma after when he later states as being hit by car

Injuries:
-Left intertrochanteric femur fracture
-Nasal bone fracture extending into the nasal bridge
-Several head lacerations (sutured: See procedure note)

- HDS, no interventions on primary survey
- FAST, CXR negative for acute injuries
- CT head, face, cspine, CAP, TLS negative for acute injuries other than those listed above
-CT abdomen shows thickened bowel suggestive colitis, because patient does not have a white count and seems otherwise normal from an abdominal standpoint do not think this requires any intervention at this time

- Diet: NPO pending orthopedics recommendations
- With BX consult
- Nonweightbearing on left lower extremity
- Pain control: Tylenol/Oxy/Dilaudid
- VTE ppx: SCDs, hold lovenox
- Bowel regimen: Senna and Colace
- PT/OT/Rehab
-Dispo: Admit to 11E

Procedure note:

There are 4 different 4 head lacerations. All were irrigated with 500 mL normal saline. 10 mL lidocaine was injected in total into the lacerations. Left forehead 1 cm laceration sutured with 2 5-0 rapidly absorbable plain gut sutures. A second Left forehead 1 cm laceration was sutured with 1 5-0 rapidly absorbable plain gut suture. Midline 4 head 7 cm laceration sutured with 2 deep chromic

3-0 sutures and 10 5-0 rapidly absorbable plain gut sutures. One 1 cm right forehead laceration sutured with 2 5-0 rapidly absorbable plain gut suture. There were no complications.

Professional Services
Credentials Title and Author
Credentials: MD.
Title: Resident.
Supervising MD: SIX DO, CHERYL K.
Addendum by SIX DO, CHERYL K on November 15, 2017 9:53 PM:

See resident/fellow's note for details. I saw and evaluated the patient and **agree with the resident/fellow's findings** and plans as written. Unknown aged M presents to ED as level 1 trauma alert. Found in street with facial lacerations/blood to hands and face. HDS. GCS 14 at time of my exam in trauma bay. FAST negative. Radiologic imaging obtained adn reviewed, left intertrochanteric femur fx, thickening right colon and nasal fx. Labs reviewed. Discussed wtih ED attending. Will admit to monitored floor bed. NPO/IVF. C/S ortho. Facial trauma C/S. Facial lacs repaired as above. Serial abdominal exams.

Perform - Completed by LINDQUESTER, WILL S (on 11/15/2017 19:09)
Modify - Completed by RITTLE, NICHOLAS G (on 11/15/2017 19:31)
Modify - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
Sign - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
VERIFY - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
Sign - Canceled by RITTLE, NICHOLAS G (on 11/15/2017 21:08)
Sign - Completed by SIX DO, CHERYL K (on 11/15/2017 21:53)
Modify - Completed by SIX DO, CHERYL K (on 11/15/2017 21:53)

Page 3 of 3

Trauma Admission H&P (PDI):

University of Pittsburgh Medical Center

Patient: **DOE, MIGUEL** **MRN: 971108352** **FIN: 0183193817319**
Age: **116 years** Sex: **Male** DOB: **1/1/1901**
Associated Diagnoses: **None**
Author: **LINDQUESTER, WILL S**

Basic Information

Demographics

Admitted: 11/15 18:31 **Reason:** EMS LVL 1 LACERATIONS TO HEAD, AND HANDS
LOS: 0.0 (Hospital Day: 0) **Attending:** MURRAY MD, KEITH J (Emergency Medicine)

Team: Mercy.
Visit Information: Patient seen on 11/15/2017.

History of Present Illness
Mechanism of injury unknown. Location of injury head. Duration/Timing earlier today. Pain mild. Injury mild.

71 YOM w/unknown pmhx presents as a level 1 trauma after an unknown mechanism left the pt found down on the road with an altered mental status. Unknown LOC. Pt arrived HDS w/ GCS of 10. Secondary survey revealed small lacerations to the pts scalp and bilateral fingers, denies any pain or SOB. Fast was negative. ABG was drawn. Pt was then transfered to the CT scanner HDS for further evaluation. Later on, patient stated that he was hit by car and was laying there for a long period of time.

Primary Assessment
Primary Survey:
Airway Patent Yes.
Breathing equal bilaterally.
Circulation: Pulse / Strength 2+. .
Interventions on the primary survey None.

Histories
Preexisting Conditions: Unable to obtain: Altered mental status.

Review of Systems
Unable to obtain: Reason: Due to altered mental status.

Allergies

Allergies

Home/Transfer/Inpatient Medications

Home Medications *(from 'Document Medication by Hx')*

There is no Home Medication information to display.

Inpatient Medications

Medications: *No active / recently discontinued inpatient medication orders.*

Objective
Vital Signs:
Vital Signs *Most Recent (Vitals in past 36 hrs; Dosing Wt and BMI this visit)*

SBP 155 (148-155) **DBP** 74 (74-86) **Pulse** 55 (55-55) **RR** 19 (19-43) **SaO2** 100 (100-100)

Physical Examination

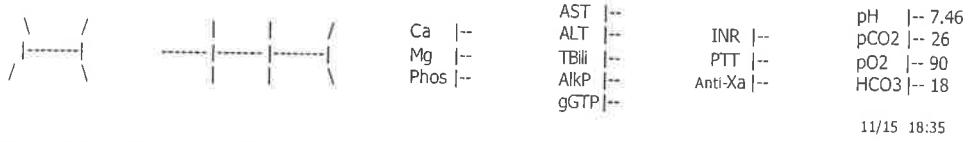
Hemodynamics *(Last 7 in past 36 hours)*
No data found in the last 36 hours.

Vent Settings *(Last 7 in past 36 hours)*
No data found in the last 36 hours.

General: No acute distress.
Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.
HENT: Not examined.
Neck: Supple, Non-tender.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Good pulses equal in all extremities.
Gastrointestinal: Soft, Non-tender, Non-distended.
Lymphatics: Not examined.
Musculoskeletal: No tenderness, No deformity.
Integumentary: Several head lacerations.
Neurologic: Glasgow Coma Scale: Eye opening response, Motor response, Verbal response, Total score 10 (10 due to no verbal response. Pt began speaking after exam was complete).
Psychiatric: Appropriate mood & affect.

Results Review

Fishbone Labs *(ED Visit)*



Additional Labs *(ED Visit) - No qualifying labs resulted.*

Assessment and Plan

Diagnosis: Closed trochanteric fracture of left femur with routine healing (ICD10-CM S72.102D, Working, Diagnosis).

Plan

Unknown age male presents level I trauma after when he later states as being hit by car

Injuries:
-Left intertrochanteric femur fracture
-Nasal bone fracture extending into the nasal bridge
-Several head lacerations (sutured: See procedure note)

- HDS, no interventions on primary survey
- FAST, CXR negative for acute injuries
- CT head, face, cspine, CAP, TLS negative for acute injuries other than those listed above
-CT abdomen shows thickened bowel suggestive colitis, because patient does not have a white count and seems otherwise normal from an abdominal standpoint do not think this requires any intervention at this time

- Diet: NPO pending orthopedics recommendations
- With BX consult
- Nonweightbearing on left lower extremity
- Pain control: Tylenol/Oxy/Dilaudid
- VTE ppx: SCDs, hold lovenox
- Bowel regimen: Senna and Colace
- PT/OT/Rehab
-Dispo: Admit to 11E

Procedure note:

There are 4 different 4 head lacerations. All were irrigated with 500 mL normal saline. 10 mL lidocaine was injected in total into the lacerations. Left forehead 1 cm laceration sutured with 2 5-0 rapidly absorbable plain gut sutures. A second Left forehead 1 cm laceration was sutured with 1 5-0 rapidly absorbable plain gut suture. Midline 4 head 7 cm laceration sutured with 2 deep chromic

3-0 sutures and 10 5-0 rapidly absorbable plain gut sutures. One 1 cm right forehead laceration sutured with 2 5-0 rapidly absorbable plain gut suture. There were no complications.

Professional Services
Credentials Title and Author
Credentials: MD.
Title: Resident.
Supervising MD: SIX DO, CHERYL K.
Addendum by SIX DO, CHERYL K on November 15, 2017 9:53 PM:

See resident/fellow's note for details. I saw and evaluated the patient and **agree with the resident/fellow's findings** and plans as written. Unknown aged M presents to ED as level 1 trauma alert. Found in street with facial lacerations/blood to hands and face. HDS. GCS 14 at time of my exam in trauma bay. FAST negative. Radiologic imaging obtained adn reviewed, left intertrochanteric femur fx, thickening right colon and nasal fx. Labs reviewed. Discussed wtih ED attending. Will admit to monitored floor bed. NPO/IVF. C/S ortho. Facial trauma C/S. Facial lacs repaired as above. Serial abdominal exams.

Perform - Completed by LINDQUESTER, WILL S (on 11/15/2017 19:09)
Modify - Completed by RITTLE, NICHOLAS G (on 11/15/2017 19:31)
Modify - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
Sign - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
VERIFY - Completed by LINDQUESTER, WILL S (on 11/15/2017 21:08)
Sign - Canceled by RITTLE, NICHOLAS G (on 11/15/2017 21:08)
Sign - Completed by SIX DO, CHERYL K (on 11/15/2017 21:53)
Modify - Completed by SIX DO, CHERYL K (on 11/15/2017 21:53)

Page 3 of 3

Immediate Surgical Post Op Note:

University of Pittsburgh Medical Center

Patient: **WARHEIT, GEORGE** **MRN: 971108352** **FIN: 0183193817319**
Age: **71 years** Sex: **Male** DOB: **9/8/1946**
Associated Diagnoses: **None**
Author: **VASWANI MD, RAVI S**

Operative Information

PATIENT NAME:	WARHEIT, GEORGE	**CASE NUMBER:**	MHPOR-2017-10154
FIN:	018 319 381 7319	**SURGERY START:**	11/16/17 12:54
		SURGERY STOP:	11/16/17 13:41
PRE-OP DIAGNOSIS:	left hip fracture		
POST-OP DIAGNOSIS:			left hip fracture
PRIMARY SURGEON:			MOLONEY MD, GELE B
ASSISTANT(S):	HOUCK PA-C, LOGAN E		Physician Assistant
	VASWANI MD, RAVI S		Resident, Surgical
PROCEDURE:	INSERTION INTRAMEDULARY NAIL FEMUR (primary), Left		
ANESTHESIA:	General		
SPECIMENS:	None		
TUBES AND DRAINS:	Hemovac		
ATTENDEE(S):	RAPHAEL MD, BRENDA L		Anesthesiologist, Primary
	TALLON CRNA, CHRISTOPHER J		CRNA, Primary
	RIVERO CRNA, ANNE E		CRNA, Relief
	TALLON CRNA, CHRISTOPHER J		CRNA, Primary

Postoperative Information
Estimated Blood Loss: 150 ml.
Findings: IMN L femur.

Perform - Completed by VASWANI MD, RAVI S (on 11/16/2017 13:56)
Sign - Completed by VASWANI MD, RAVI S (on 11/16/2017 13:56)
VERIFY - Completed by VASWANI MD, RAVI S (on 11/16/2017 13:56)

Operative Note Template:

University of Pittsburgh Medical Center

Patient: **WARHEIT, GEORGE** **MRN: 971108352** **FIN: 0183193817319**
Age: **71 years** Sex: **Male** DOB: **9/8/1946**
Associated Diagnoses: **None**
Author: **MOLONEY MD, GELE B**

Operative Information

PATIENT NAME:	WARHEIT, GEORGE	**CASE NUMBER:**	MHPOR-2017-10154
FIN:	018 319 381 7319	**SURGERY START:**	11/16/17 12:54
		SURGERY STOP:	11/16/17 13:41
PRE-OP DIAGNOSIS:	LEFT INTERTROCHANTERIC HIP FRACTURE		
POST-OP DIAGNOSIS:	LEFT INTERTROCHANTERIC HIP FRACTURE		

PRIMARY SURGEON:	MOLONEY MD, GELE B	
ASSISTANT(S):	VASWANI MD, RAVI S	Resident, Surgical
PROCEDURE:	CEPHALOMEDULLARY NAIL LEFT INTERTROCHANTERIC HIP FRACTURE	
ANESTHESIA:	General	
SPECIMENS:	None	
TUBES AND DRAINS:	Hemovac	
ATTENDEE(S):	RAPHAEL MD, BRENDA L	Anesthesiologist, Primary
	TALLON CRNA, CHRISTOPHER J	CRNA, Primary
	TALLON CRNA, CHRISTOPHER J	CRNA, Primary
	RIVERO CRNA, ANNE E	CRNA, Relief

Preoperative Information

Informed Consent: Signed by family.

Risk Acknowledgment Statement: I have reviewed the procedure with the patient. We discussed the risks and benefits of and the alternatives to the procedure, RISKS REVIEWED. LOCAL RISKS INCLUDE BUT ARE NOT LIMITED TO NONUNION, MALUNION, HARDWARE FAILURE AND OR IRRITATION, INFECTION, NEUROVASCULAR INJURY, CHRONIC PAIN, AND DYSFUNCTION. SYSTEMIC RISKS INCLUDE BUT ARE NOT LIMITED TO DVT/PE, MI, CVA, AND DEATH. .

Surgical/Invasive Pre-Procedure Verify: Patient identified prior to surgery, Correct surgical site marked, Laterality identified, Correct procedure, Correct patient position, Patient padded appropriately.

Indications: 71 year old male, pedestrian struck, left intertrochanteric hip fracture.

Operative Note

Operative Details

Findings: see operative note.

Description of Procedure: Patient positioned on the fracture table. All bony prominences padded. Well leg padded and taped in the extended position to the bed. Fracture reduced utilizing fracture table. Confirmed fluoroscopically in 2 views. Left lower extremity prepped and draped in standard sterile fashion. Timeout conducted. Preoperative antibiotics given prior to the start of the procedure. Percutaneously obtained start site for the nail. Guidewire advanced and confirmed in 2 views. Skin incision made. Opening reamer passed to the level of the lesser trochanter. Ball tipped guidewire passed. 10 mm followed by 12.5 mm reamers passed. Synthes 11 mm short TFN advanced nail passed without difficulty. Utilizing the guide a guidepin was placed into the femoral head in the center center position confirmed in 2 views. Screw length measured and Reamer passed. Screw was placed into the head without difficulty. Position again confirmed in 2 views. The locking screw was tightened down and then turned back one quarter turn to allow controlled compression across the fracture site. Distal interlocking screw placed through the guide without difficulty. The guide removed. X-rays confirmed a well reduced fracture and acceptable position of all implants. Wounds were copiously irrigated and closed in layered fashion over a deep drain with 0 Vicryl, 2-0 Vicryl, 40 V Loc, glue. Sterile dressings were applied. Patient awakened from anesthesia and taken to recovery room in good condition no immediate complications known..

Postoperative Information

Estimated Blood Loss: 100 mL.

Complications: None.

Weight Bearing Status: Weight Bearing as Tolerated (WBAT).

Professional Services

Attending Attestation: I was present for the entire operation.

Credentials and Title of Author

Credentials: MD.

Title: Attending.

Perform - Completed by MOLONEY MD, GELE B (on 11/16/2017 16:12)

Sign - Completed by MOLONEY MD, GELE B (on 11/16/2017 16:12)

VERIFY - Completed by MOLONEY MD, GELE B (on 11/16/2017 16:12)

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT HEAD OR BRAIN WITHOUT CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:48

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337454 Visit Number: 0183193817319

Attending Interpreter: HOSSAM K HAMDA
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CT head:
Contiguous axial non-enhanced CT sections of the head were obtained from the skull base through the vertex. Images are reviewed in soft tissue and bone algorithms.
Comparison:None
Clinical history: Level 1 trauma 71 years old male was found down on the rolled patient has altered mental status and head laceration.
Findings:
Diffuse parenchymal volume loss is seen. Right inferior basal ganglia dilated perivascular space versus chronic infarction is seen. There is no abnormal extra-axial collection, intracranial hemorrhage, hydrocephalus, mass effect, or midline shift. The normal gray/white matter differentiation and basal ganglia attenuation are seen maintained. There is no depressed skull fracture.
Impression:
There is no acute intracranial pathology.
CT facial bones:
Non-enhanced axial CT sections of the facial bones were obtained. Images were reviewed in soft tissue and bone algorithms. Sagittal and coronal reformats were also reviewed.
Comparison:none
Clinical history:Level 1 trauma 71 years old male was found down on the rolled patient has altered mental status and head laceration
Findings:
Right nasal bone fracture is noted extending to the nasal bridge. The fracture is associated with mild deformity of the right nasal bone. Minimal bilateral ethmoidal and maxillary mucosal thickening is seen. Nasal soft tissue swelling and hematoma are seen. There is no nasal septal fracture. There is no nasal septal hematoma.
There is no mandibular, zygomatic, mastoid, pterygoid, or maxillary fracture. There is no impacted soft tissue DOB foreign body. There is

<<< PAGE 1 >>>

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT HEAD OR BRAIN WITHOUT CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:48

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337454 Visit Number: 0183193817319

Attending Interpreter: HOSSAM K HAMDA
Assisting Interpreter:

no evidence of an acute orbital traumatic injury. The scans through the skull base are unremarkable. The TMJs are unremarkable.
Impression:
Right nasal bone deformity secondary to an acute fracture. The fracture is extending to the nasal bridge. There is no nasal septal fracture or significant hematoma.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: HOSSAM K HAMDA
Signed by: HOSSAM K HAMDA
Signed on: 11/15/2017 at 7:48 PM

<<< PAGE 2 >>>

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT ABDOMEN AND PELVIS WITH CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 20:51

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337459 Visit Number: 0183193817319

Attending Interpreter: STEPHEN DO VENTRELLI
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CLINICAL History:
Trauma. Found on street.
Comparison:
None.
Technique:
Helical images were obtained through the chest, abdomen and pelvis in 5.0 mm thick sections following the injection of 100 cc Isovue-370.
Findings:
Chest:
There is no pneumothorax or pleural effusion. There is mild atelectasis at the lung bases. Heart is normal in size without pericardial effusion. Thoracic aorta shows no findings of acute injury. No acute fractures noted in the thorax.
Abdomen:
Please note that this examination is compromised by streak artifact from the patient's arms. Given this limitation, the liver, spleen, pancreas, adrenal glands and kidneys show no acute traumatic injury. There are stones in an otherwise normal appearing gallbladder. The abdominal aorta is ectatic with patchy atherosclerotic calcifications. The bowel is not well evaluated but is grossly normal. Multiple granulomas are noted in the spleen. A hypodense lesion in the spleen is likely a benign cyst.
Pelvis:
Urinary bladder is distended. Prostate is mildly enlarged. There is an intertrochanteric fracture of the left femur. The femoral head remains seated in the acetabulum. There is surrounding intramuscular hematoma. Evaluation of the pelvis is suboptimal due to streak artifact from a right femoral nail. Thickening of the right hemicolon is not well evaluated but probably represents colitis.
Impression:
Chest:

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PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT ABDOMEN AND PELVIS WITH CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 20:51

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337459 Visit Number: 0183193817319

Attending Interpreter: STEPHEN DO VENTRELLI
Assisting Interpreter:

1. No acute traumatic injury.
Abdomen/pelvis:
1. Intertrochanteric fracture of the left femur.
2. Thickening of the right hemicolon is not well evaluated but suggests colitis.
3. Gallstone.
4. Distended urinary bladder.
5. See the separately dictated spine report.
The above findings were relayed to the Emergency Department via Stentor preliminary notification system on 11/15/2017 at 07:26 PM.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: STEPHEN DO VENTRELLI
Signed by: STEPHEN DO VENTRELLI
Signed on: 11/15/2017 at 8:51 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT LOWER EXTREMITY WITHOUT CONTRAST LEFT

Collection Date: 11/15/2017 21:44
Dictated on : 11/15/2017 21:53

Attending MD: KEITH J MURRAY

Requesting MD: JESSICA NASSAR

Accession #: 86337727 Visit Number: 0183193817319

Attending Interpreter: CYNTHIA A BRITTON
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
through entire left femur please
left hip fracture
CLINICAL HISTORY: Male of unknown age with left hip fracture
TECHNIQUE: Axial CT images of the patient's left hip were obtained at 1.25 mm intervals from the mid iliac crest through the proximal tibia and fibula, examined on soft tissue and bone algorithm and used a basis for coronal and sagittal reformatted images.
FINDINGS: A comminuted intertrochanteric fracture of the patient's left hip is present. No dislocation of the femoral head is present. The femoral neck is intact and there is mild degenerative change of the hip and left SI joint. Degenerative changes are also seen of the lower lumbar spine including the L4-L5 and L5-S1 disc spaces.
The intrapelvic contents are unremarkable aside from enlargement of the prostate. No diverticulosis or diverticulitis is present. No intrapelvic fluid collection or soft tissue mass is present.
On the sagittal and coronal reformatted images, the mildly impacted nature of the intertrochanteric fracture is present. Minimal degenerative changes are present of the patient's knee and hip.
IMPRESSION: Intertrochanteric fracture of the left hip as described above.
RELEVANT CLINICAL INFORMATION: left hip fracture
Dictated by: CYNTHIA A BRITTON
Signed by: CYNTHIA A BRITTON
Signed on: 11/15/2017 at 9:53 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT MAXILLOFACIAL OR SINUSES WITHOUT CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:48

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337460 Visit Number: 0183193817319

Attending Interpreter: HOSSAM K HAMDA
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CT head:
Contiguous axial non-enhanced CT sections of the head were obtained from the skull base through the vertex. Images are reviewed in soft tissue and bone algorithms.
Comparison:None
Clinical history: Level 1 trauma 71 years old male was found down on the rolled patient has altered mental status and head laceration.
Findings:
Diffuse parenchymal volume loss is seen. Right inferior basal ganglia dilated perivascular space versus chronic infarction is seen. There is no abnormal extra-axial collection, intracranial hemorrhage, hydrocephalus, mass effect, or midline shift. The normal gray/white matter differentiation and basal ganglia attenuation are seen maintained. There is no depressed skull fracture.
Impression:
There is no acute intracranial pathology.
CT facial bones:
Non-enhanced axial CT sections of the facial bones were obtained. Images were reviewed in soft tissue and bone algorithms. Sagittal and coronal reformats were also reviewed.
Comparison:none
Clinical history:Level 1 trauma 71 years old male was found down on the rolled patient has altered mental status and head laceration
Findings:
Right nasal bone fracture is noted extending to the nasal bridge. The fracture is associated with mild deformity of the right nasal bone. Minimal bilateral ethmoidal and maxillary mucosal thickening is seen. Nasal soft tissue swelling and hematoma are seen. There is no nasal septal fracture. There is no nasal septal hematoma.
There is no mandibular, zygomatic, mastoid, pterygoid, or maxillary fracture. There is no impacted soft tissue DOB foreign body. There is

<<< PAGE 1 >>>

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT MAXILLOFACIAL OR SINUSES WITHOUT CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:48

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337460 Visit Number: 0183193817319

Attending Interpreter: HOSSAM K HAMDA
Assisting Interpreter:

no evidence of an acute orbital traumatic injury. The scans through the skull base are unremarkable. The TMJs are unremarkable.
Impression:
Right nasal bone deformity secondary to an acute fracture. The fracture is extending to the nasal bridge. There is no nasal septal fracture or significant hematoma.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: HOSSAM K HAMDA
Signed by: HOSSAM K HAMDA
Signed on: 11/15/2017 at 7:48 PM

UPMC-MERCY

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number:

Exam Desc: CT SPINE CERVICAL WITHOUT CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 18:56

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337455 Visit Number: 0183193817319

Attending Interpreter: CYNTHIA A BRITTON
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CLINICAL HISTORY: Patient of unknown age status post trauma evaluate for fracture
TECHNIQUE: Axial CT images of the patient's cervical spine were obtained at 0.63 mm intervals from the base of the skull through the upper thoracic spine, examined on soft tissue and bone algorithm, and used as a basis for coronal and sagittal reformatted images.
FINDINGS: Mineralization of the cervical spine is normal. No prevertebral soft tissue swelling or fracture is present. No prevertebral soft tissue swelling or fracture of the cervical spine is present. The spinous processes and transverse processes are intact. Degenerative changes seen in the predental space with degenerative disc disease at C6-C7 with dorsal and ventral osteophyte formation. Alignment is normal on the coronal and sagittal reformatted images. The relationship of the odontoid to the lateral masses of C1 is normal.
IMPRESSION: No cervical fracture.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: CYNTHIA A BRITTON
Signed by: CYNTHIA A BRITTON
Signed on: 11/15/2017 at 6:56 PM

UPMC-MERCY

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number:

Exam Desc: CT SPINE LUMBAR WITHOUT CONTRAST ED PATIENT PROFESSI

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:05

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337457 Visit Number: 0183193817319

Attending Interpreter: CYNTHIA A BRITTON
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CLINICAL HISTORY: Male of unknown age evaluate for fracture
TECHNIQUE: Axial CT images of the patient's thoracic and lumbar spine were obtained at 1.25 mm intervals from the lower cervical spine through the sacrum, examined on soft tissue and bone algorithm, and used as a basis for coronal and sagittal reformatted images.
FINDINGS: Mineralization of the thoracic and lumbar spine is normal. No prevertebral soft tissue swelling or fracture of the thoracic spine is present. The spinous processes and transverse processes are intact. The vertebral body heights are maintained and mild multilevel degenerative disc disease is present. Alignment is normal on the coronal and sagittal reformatted images.
No chance, burst or compression fracture of the lumbar spine is present. Narrowing of the L5-S1 disc space is present with vacuum disc the nominal and marginal osteophyte formation. No pars defect, antro or retrolisthesis is present. Alignment is normal on the coronal and sagittal reformatted images.
IMPRESSION: No thoracic or lumbar fracture.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: CYNTHIA A BRITTON
Signed by: CYNTHIA A BRITTON
Signed on: 11/15/2017 at 7:05 PM

UPMC-MERCY

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number:

Exam Desc: CT SPINE THORACIC WITHOUT CONTRAST PROFESSIONAL ONLY

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 19:05

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337456 Visit Number: 0183193817319

Attending Interpreter: CYNTHIA A BRITTON
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CLINICAL HISTORY: Male of unknown age evaluate for fracture
TECHNIQUE: Axial CT images of the patient's thoracic and lumbar spine were obtained at 1.25 mm intervals from the lower cervical spine through the sacrum, examined on soft tissue and bone algorithm, and used as a basis for coronal and sagittal reformatted images.
FINDINGS: Mineralization of the thoracic and lumbar spine is normal. No prevertebral soft tissue swelling or fracture of the thoracic spine is present. The spinous processes and transverse processes are intact. The vertebral body heights are maintained and mild multilevel degenerative disc disease is present. Alignment is normal on the coronal and sagittal reformatted images.
No chance, burst or compression fracture of the lumbar spine is present. Narrowing of the L5-S1 disc space is present with vacuum disc the nominal and marginal osteophyte formation. No pars defect, antro or retrolisthesis is present. Alignment is normal on the coronal and sagittal reformatted images.
IMPRESSION: No thoracic or lumbar fracture.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: CYNTHIA A BRITTON
Signed by: CYNTHIA A BRITTON
Signed on: 11/15/2017 at 7:05 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT THORAX WITH CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 20:51

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337458 Visit Number: 0183193817319

Attending Interpreter: STEPHEN DO VENTRELLI
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
Trauma
CLINICAL History:
Trauma. Found on street.
Comparison:
None.
Technique:
Helical images were obtained through the chest, abdomen and pelvis in 5.0 mm thick sections following the injection of 100 cc Isovue-370.
Findings:
Chest:
There is no pneumothorax or pleural effusion. There is mild atelectasis at the lung bases. Heart is normal in size without pericardial effusion. Thoracic aorta shows no findings of acute injury. No acute fractures noted in the thorax.
Abdomen:
Please note that this examination is compromised by streak artifact from the patient's arms. Given this limitation, the liver, spleen, pancreas, adrenal glands and kidneys show no acute traumatic injury. There are stones in an otherwise normal appearing gallbladder. The abdominal aorta is ectatic with patchy atherosclerotic calcifications. The bowel is not well evaluated but is grossly normal. Multiple granulomas are noted in the spleen. A hypodense lesion in the spleen is likely a benign cyst.
Pelvis:
Urinary bladder is distended. Prostate is mildly enlarged. There is an intertrochanteric fracture of the left femur. The femoral head remains seated in the acetabulum. There is surrounding intramuscular hematoma. Evaluation of the pelvis is suboptimal due to streak artifact from a right femoral nail. Thickening of the right hemicolon is not well evaluated but probably represents colitis.
Impression:
Chest:

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: CT THORAX WITH CONTRAST

Collection Date: 11/15/2017 18:57
Dictated on : 11/15/2017 20:51

Attending MD: KEITH J MURRAY

Requesting MD: PHYSICIAN NONASSIGNED

Accession #: 86337458 Visit Number: 0183193817319

Attending Interpreter: STEPHEN DO VENTRELLI
Assisting Interpreter:

1. No acute traumatic injury.
Abdomen/pelvis:
1. Intertrochanteric fracture of the left femur.
2. Thickening of the right hemicolon is not well evaluated but suggests colitis.
3. Gallstone.
4. Distended urinary bladder.
5. See the separately dictated spine report.
The above findings were relayed to the Emergency Department via Stentor preliminary notification system on 11/15/2017 at 07:26 PM.
RELEVANT CLINICAL INFORMATION: Trauma
Dictated by: STEPHEN DO VENTRELLI
Signed by: STEPHEN DO VENTRELLI
Signed on: 11/15/2017 at 8:51 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: XRAY CHEST FRONTAL VIEW

Collection Date: 11/15/2017 18:35
Dictated on : 11/15/2017 20:09

Attending MD: KEITH J MURRAY

Requesting MD: KEITH J MURRAY

Accession #: 86337452 Visit Number: 0183193817319

Attending Interpreter: ICLAL OCAK
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
EMS LVL 1 LACERATIONS TO HEAD AND HANDS
CLINICAL HISTORY:
History as provided from the referring clinician is "EMS LVL 1 LACERATIONS TO HEAD AND HANDS."
TECHNIQUE:
Portable chest radiograph.
COMPARISON:
None.
FINDINGS:
The heart size, pulmonary vasculature are unremarkable.
The lungs are unremarkable without pleural effusion or pneumothorax.
IMPRESSION:
No acute pulmonary disease.
RELEVANT CLINICAL INFORMATION: EMS LVL 1 LACERATIONS TO HEAD AND HANDS
Dictated by: ICLAL OCAK
Signed by: ICLAL OCAK
Signed on: 11/15/2017 at 8:09 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: DOE, MIGUEL DOB: 01/01/1901

MRN: 971108352 Gender: M Location: UDEM (MCY)

Patient Phone Number: 999-999-9999

Exam Desc: XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED

Collection Date: 11/15/2017 22:21
Dictated on : 11/16/2017 04:56

Attending MD: KEITH J MURRAY

Requesting MD: JESSICA NASSAR

Accession #: 86337696 Visit Number: 0183193817319

Attending Interpreter: ARMANDO S HERRADURA
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
hip fx seen on CT
EXAM(S): XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED
CLINICAL HISTORY:
Age: 116 years . Gender: Male.
Stated history: " hip fx seen on CT" Additional history: None.
TECHNIQUE: Pelvis portable AP and left hip portable AP and frog lateral views (3 views)
COMPARISON: CT left hip 11/15/2017
FINDINGS:
There is generalized osteopenia. No displacement or distraction is seen across the pelvic rings. There is mild bilateral sacroiliac joint osteoarthritis. Multilevel spondylosis is also noted in the visualized portions of lower lumbar spine, incompletely evaluated on this exam.
Both femoral heads are located. There is an acute comminuted intertrochanteric fracture of the left femur with varus neck-shaft alignment. There is also mild to moderate osteoarthritis of the left hip.
There is mild to moderate osteoarthritis of the right hip. There has been prior open reduction internal fixation with antegrade intramedullary nail of the right proximal femur, incompletely evaluated and visualized on this exam.
IMPRESSION:
Acute comminuted intertrochanteric fracture of the left femur with varus neck-shaft alignment.
RELEVANT CLINICAL INFORMATION: hip fx seen on CT
Dictated by: ARMANDO S HERRADURA
Signed by: ARMANDO S HERRADURA
Signed on: 11/16/2017 at 04:56 AM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: WARHEIT, GEORGE DOB: 09/08/1946

MRN: 971108352 Gender: M Location: USUR (MCY)

Patient Phone Number: 724-433-8792

Exam Desc: XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED

Collection Date: 11/16/2017 13:25
Dictated on : 11/20/2017 15:17

Attending MD: GELE MOLONEY

Requesting MD: GELE MOLONEY

Accession #: 86346143 Visit Number: 0183193817319

Attending Interpreter: CAROL LYNN ANDREWS
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
LT HIP FRACTURE
XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED
CLINICAL HISTORY: Age: 71 years . Gender: Male.
Stated history: " LT HIP FRACTURE" Additional history: None.
COMPARISON: 11/15/2017
FINDINGS/IMPRESSION:
Serial intraoperative spot films(total of 3 films) are obtained during performance of a placement of a short intramedullary nail secured proximally and distally with locking screws.
Total fluoroscopy time: 1 minute 9 seconds
RELEVANT CLINICAL INFORMATION: LT HIP FRACTURE
Dictated by: CAROL LYNN ANDREWS
Signed by: CAROL LYNN ANDREWS
Signed on: 11/20/2017 at 3:17 PM

UPMC-MERCY
PA

*** RADIOLOGY REPORT ***

Patient Name: WARHEIT, GEORGE DOB: 09/08/1946

MRN: 971108352 Gender: M Location: U7F (MCY)

Patient Phone Number: 724-433-8792

Exam Desc: XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED

Collection Date: 11/16/2017 15:23
Dictated on : 11/16/2017 14:43

Attending MD: CHERYL SIX

Requesting MD: RAVI VASWANI

Accession #: 86346825 Visit Number: 0183193817319

Attending Interpreter: ARMANDO S HERRADURA
Assisting Interpreter:

*** FINAL REPORT ***

Reason for the Exam:
AP and lateral
EXAM(S): XRAY HIP, 2 OR 3 VIEWS LEFT, WITH PELV WHEN PERFORMED
CLINICAL HISTORY:
Age: 71 years . Gender: Male.
Stated history: " AP and lateral" Additional history: None.
TECHNIQUE: Left hip AP and crosstable lateral views obtained portably (2 views)
COMPARISON: Left hip radiographs 11/15/2017
FINDINGS:
The patient is status post open reduction internal fixation of an intertrochanteric fracture of the left femur with short antegrade intramedullary nail, hip screw, and distal interlocking screw. Fracture alignment has markedly improved. No acute hardware complication is identified. The left femoral head is located. There is mild osteoarthritis of the left hip. Air in the soft tissues about the left hip is due to the perioperative nature of the exam. A soft tissue drain is present.
IMPRESSION:
Postoperative baseline exam status post ORIF intertrochanteric left femur fracture.
RELEVANT CLINICAL INFORMATION: AP and lateral
Dictated by: ARMANDO S HERRADURA
Signed by: ARMANDO S HERRADURA
Signed on: 11/16/2017 at 2:43 PM

Clinical Summary:

UPMC Mercy

1400 Locust St.
Pittsburgh, PA 15219

UPMC Discharge Clinical Summary

Below represents a clinician-friendly summary of the instructions provided to the patient

Demographics and Encounter Information

Patient Name: WARHEIT, GEORGE
Address: 2401 ATLANTIS DRIVE YOUNGSTOWN PA, 15696
Patient Phone: (724)433-8792
Patient DOB: 09/08/1946 **Age:** 71 Years **Sex:** Male
Race: White **Language:** English **Ethnicity:** Not Specified

Admission Date/Time: 11/15/17 7:47 PM **MRN:** 971 108 352 **FIN:** 018 319 381 7319
Document Creation Date/Time: 11/22/17 1:07 PM *(for anticipated discharge)*
Reason For Visit: LT HIP FRACTURE
Discharging Unit: U11E
Disposition: Skilled nursing facility (Exclude HZN,MWH, MCK,NOR & PAS)

Attending: Cheryl Six
Referring: Physician Nonassigned
Consulting: Physician Nonassigned, Kristina Curci, Upp physical medicine and rehab Mer, Ruben Abunto
PCP: Doctor Unknown

Discharge Diagnoses

Closed fracture nasal bone; Closed trochanteric fracture of left femur with routine healing; Dementia; Facial laceration; History of BPH; Hypertension; Hypothyroid; Mood disorder; Urinary retention

Additional Diagnoses

Closed trochanteric fracture of left femur with routine healing; Dementia; History of BPH; Hypertension; Hypothyroid; Mood disorder

Surgeries this Visit:

11/16/17 12:54 **Surgeon:** MOLONEY MD, GELE B
Surgery: INSERTION INTRAMEDULARY NAIL FEMUR

Past Medical History/Problems

Benign prostatic hypertrophy; COPD (chronic obstructive pulmonary disease); HTN (hypertension)

Allergies:

penicillin [swelling]

Advance Directives

Advance Directives: No, but patient does not wish to have adv dir
On Chart:
Advance Directives Location:
Received Advance Directives Information: No
Wishes to Discuss Advance Directives? No
Healthcare Decision Maker(s): Scott Warheit: 724-433-8792

Discharge Medications:

ACETAMINOPHEN (TYLENOL 325 MG ORAL TABLET) 2 TABS BY MOUTH EVERY 6 HOURS AS NEEDED FOR MILD PAIN *(New)*
BACITRACIN TOPICAL (BACITRACIN 500 UNITS/G TOPICAL OINTMENT) 1 APPLICATION TOPICALLY 2 TIMES A DAY *(New)*
CHOLECALCIFEROL (VITAMIN D (CHOLECALCIFEROL)) 2,000 INTLUNIT BY MOUTH *(No Change)*
DOCUSATE (COLACE 100 MG ORAL CAPSULE) 1 CAP BY MOUTH 2 TIMES A DAY *(New)*
DONEPEZIL (10 MG ORAL TABLET) 1 TAB BY MOUTH AT BEDTIME *(No Change)*
ENOXAPARIN (30 MG/0.3 ML INJECTABLE SOLUTION) 0.3 ML SUBQ EVERY 12 HOURS FOR 21 DAY *(New)*
FINASTERIDE (5 MG ORAL TABLET) 1 TAB BY MOUTH ONCE A DAY *(No Change)*
LEVOTHYROXINE (SYNTHROID 88 MCG (0.088 MG) ORAL TABLET) 1 TAB BY MOUTH EVERY MORNING *(New)*
MEMANTINE (10 MG ORAL TABLET) 1 TAB BY MOUTH 2 TIMES A DAY *(No Change)*
METHYLCOBALAMIN 5,000 MCG SUBLINGUAL ONCE A DAY *(No Change)*
OXYCODONE (5 MG ORAL TABLET) 1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED FOR SEVERE PAIN; FOR CONTINUATION OF THERAPY; Dispense Quantity: 24 TABS; Prescription Printed *(New)*
PRAVASTATIN (80 MG ORAL TABLET) 1 TAB BY MOUTH ONCE A DAY *(No Change)*
PREDNISOLONE OPHTHALMIC (PREDNISOLONE ACETATE 1% OPHTHALMIC SUSPENSION) 1 DROP LEFT EYE FOUR TIMES A DAY *(New)*
RISPERIDONE 37.5 MG IM EVERY 14 DAYS; THIS IS RISPERDAL CONSTA *(No Change)*
RISPERIDONE 1 MG BY MOUTH AT BEDTIME *(No Change)*
SENNA (8.6 MG ORAL TABLET) 2 TABS BY MOUTH AT BEDTIME *(New)*
SULFAMETHOXAZOLE-TRIMETHOPRIM (BACTRIM DS) 1 TAB BY MOUTH 2 TIMES A DAY FOR 5 DAYS *(New)*
TAMSULOSIN (FLOMAX 0.4 MG ORAL CAPSULE) 1 CAP BY MOUTH ONCE A DAY (AFTER A MEAL) *(New)*

Discontinued Home Medications:

(The following list is based upon the home medication list provided by the patient.)
MISCELLANEOUS MEDICATION

Medication Information Comment: I have reviewed the controlled substance prescription history from the PA PDMP for the patient, and based upon the condition of the patient, reason for care, my evaluation, and PDMP data, I have chosen to provide additional scheduled prescription medications reflected in my new prescriptions.

Medications Given Today

11/22/17	9:30 am	Tylenol 650 mg
11/22/17	9:24 am	bacitracin 500 units/g topical ointment 1 Application
11/22/17	9:27 am	Colace 100 mg
11/22/17	9:22 am	Lovenox. 30 mg
11/22/17	5:51 am	Synthroid 88 mcg
11/22/17	9:25 am	Namenda 5 mg
11/22/17	9:31 am	prednisoLONE acetate 1% ophthalmic suspension 1 Drop(s)
11/22/17	1:04 pm	prednisoLONE acetate 1% ophthalmic suspension 1 Drop(s)
11/22/17	9:27 am	Bactrim DS 1 tab(s)
11/22/17	9:27 am	Flomax 0.4 mg

Follow-up Appointments/Testing

WITHIN 1 WEEK : Follow up with primary care provider

FOLLOW-UP WITH PCP FOR POST-HOSPITAL CARE. YOUR SYNTHROID

DOSE HAS BEEN LOWERED AND YOU WILL NEED REPEAT THYROID FUNCTION TESTING IN 4-6 WEEKS.

WITHIN 2 WEEKS : GELE MOLONEY
(412) 687-3900 (APPT) (412) 232-5800 (OFFICE)
UPP DEPARTMENT OF ORTHOPEDICS - MERCY
1350 LOCUST STREET
SUITE 220, BUILDING C, PITTSBURGH, PA, 15219

FOLLOW UP FOR POST OPERATIVE CARE; ; CALL TO SCHEDULE FOLLOW UP APPOINTMENT

AS NEEDED, ONLY IF NEEDED: GUY STOFMAN
(412) 232-5616
STOFMAN PLASTIC SURGERY GROUP
1350 LOCUST STREET
STE G-103, PITTSBURGH, PA, 15219

IF YOUR CONDITION IS NOT IMPROVING REGARDING NASAL BONE FRACTURES

AS NEEDED: RONALD BENOIT
(412) 232-5850
UPMC MERCY
1350 LOCUST STREET
BUILDING C, SUITE G100A, PITTSBURGH, PA, 15219

CALL TO SCHEDULE FOLLOW UP APPOINTMENT IF UNABLE TO DISCONTINUE FOLEY CATHETER DUE TO URINARY RETENTION

AS NEEDED, ONLY IF NEEDED: UPMC Mercy Health Center-- Trauma/Burn Clinic
412-232-7681
1515 LOCUST STREET
SECOND FLOOR ROOM 236, PITTSBURGH, PA, 15219

Orders For Next Facility

Disposition: Skilled nursing facility (Exclude HZN,MWH, MCK,NOR & PAS)
Relevant tests IP: dry dressings to LLE daily
Activity: Do not drive until follow-up visit, May shower, No tub baths, Do not soak incisions, Weight Bearing As Tolerated
Diet: As tolerated, Dysphagia level 3 diet with thin liquids
Dysphasia/Aspiration Precautions: Yes
Wound Care: Change dressing daily, Dry dressing daily to left leg. Apply bacitracin BID to facial lacerations/abrasions without need for dressing
Healthcare decision maker: Scott Warheit 724-433-8792
Date of Pneumovax: 2012
Influenza vaccine?: No
Vital Signs: Daily
Foley/Drains/Tubes: Foley, Foley for urinary retention. Okay to attempt voiding trial when more mobile
Bladder Care: Routine Foley Care
Foleys/Drains/Tubes: Empty foley bag before half full, Change leg bag to larger bag at bedtime
consistency: Dysphagia level 3 diet with thin liquids
Labs/Glucose Monitoring: Thyroid function tests in 4 weeks and follow-up with PCP
Consult/Therapy Orders: Physical Therapy evaluation/treatment per Therapist, Occupational Therapy evaluation/treatment per Therapist, Speech Therapy evaluation/treatment per Therapist
Respiratory Care: Elevate head of bed to 30 degrees
Additional Orders: Sinus precautions x 3 weeks no nose blowing, no straws, open mouth sneezing only, keep head

of bed elevated
Bowel Regimen: Per Facility Protocol

Disease/Treatment Specific Instructions Given to the Patient

Nose Fracture
Lacerations: Stitches
Trauma UPMC
Leg: Fracture

Pending Labs

No Outstanding test results at time of discharge

Selected Labs:

(Displays the most recent value within the past 7 days as of 11/22/17 13:07. Newer results may have been reported since the creation of this summary.)

WBC	5.1		11/20 08:49	Phos	3.1		11/15 18:30
Bands				Alb	3.8		11/15 18:30
Lymph	12.3	L	11/20 08:49	TProt	7.2		11/15 18:30
Polys	77.1	H	11/20 08:49	TBili	0.5		11/15 18:30
Hgb	9.5	L	11/20 08:49	DBili			
Hct	27.7	L	11/20 08:49	ALT	30		11/15 18:30
Plts	193		11/20 08:49	AST	22		11/15 18:30
INR	1.1		11/15 18:30	AlkPhos	90		11/15 18:30
Anti-Xa	0.14		11/18 09:33	gGTP			
PTT	24		11/15 18:30	Amy			
Na	139		11/20 08:49	Lipase			
K	3.5		11/20 08:49	Troponin			
Cl	101		11/20 08:49	hCG ur			
CO2	27		11/20 08:49	TSH	0.124	L	11/16 08:01
BUN	16		11/20 08:49	Lactate			
Cr	0.99		11/20 08:49	pH			
Gluc	147	H	11/20 08:49	PCO2			
Ca	8.4	L	11/20 08:49	PO2			
Ca Ion	1.14		11/15 18:30	HCO3			
Mg	1.9		11/15 18:30	FiO2			

Procedures/Tests Performed:

11/15 7:00 pm Cervical Spine CT w/o IV Contrast
11/15 7:06 pm CT Spine Thoracic w/o Contrast Professio
11/15 7:06 pm CT Spine Lumbar w/o Contrast ED Patient
11/15 7:45 pm Chest AP Xray
11/15 7:49 pm Head CT w/o IV Contrast
11/15 7:49 pm Maxillofacial CT w/o IV Contrast
11/15 8:21 pm Chest CT w/ IV Contrast
11/15 8:21 pm CT Abdomen and Pelvis w/ Contrast
11/15 9:54 pm Lower Extremity CT w/o IV Contrast Left
11/16 1:01 am EKG 12 Lead
11/16 4:58 am Xray Hip, 2 Or 3 Views Left, With Pelv W
11/16 1:32 pm Fluoroscopy < 1hr
11/16 3:23 pm Xray Hip, 2 Or 3 Views Left, With Pelv W
11/18 11:37 am dry dressings to LLE daily
11/20 3:18 pm Xray Hip, 2 Or 3 Views Left, With Pelv W

Summary of Relevant Procedures/Tests Performed:

The discharging provider did not include a summary of these tests. Please review these test results with your next care

provider or primary care physician.

Patient Assessment:

Vital Signs / Pain Score *(Most recently documented values in the past 24 hours.)*

11/22/17 07:32 **Temp:** 36.4 deg C
11/22/17 07:32 **BP:** 130/76
11/22/17 07:32 **HR:** 120
11/22/17 09:29 **Pain Score:** 3

Oxygen *(Most recently documented values in the past 24 hours.)*

11/22/17 07:42 **SpO2:** 94 %
Device: Room Air

Measurements *(Most recently documented values for entire visit.)*

11/16/17 08:05 **Height:** 178.0 cm (70.1 in)
11/16/17 08:05 **Weight:** 64.0 kg (140.8 lbs)
11/16/17 08:05 **BMI:** 20.2

Last Bowel Movement: 11/21/17 14:00 (from I&O)

SKIN: (K) Limited Mobility *(As of: 11/22 09:39)*

Sensory Deficits: Physically Challenged, Visual field deficit
Assist Devices: Cane, Glasses
Fall Risk: High Harm *(As of: 11/22 09:39)*
Transfer Mobility: Sit to Stand, Stand to Sit - Minimal Assistance, Moderate Assistance, x2 *(As of: 11/22)*; Supine to Sit - Moderate Assistance *(As of: 11/22)*; Sit to Supine, - Moderate Assistance *(As of: 11/21)*; - Moderate Assistance, x2 *(As of: 11/21)*; - Moderate Assistance *(As of: 11/20)*; - Minimal Assistance, x2 *(As of: 11/17)*
Wander Risk: Yes *(As of: 11/22 09:39)*

Functions Prior to Admission: Eating(unable to obtain 2/2 pt is a poor historian)

Vaccines

Pneumococcal:
Per Administration Record: Pneumovax-23 vaccine received THIS visit (11/16/17 20:49)
Influenza:
Per Nursing Assessment: Patient did NOT get the influenza vaccine.

Additional Vaccines Given this Visit:
Tdap: 0.5 mL (11/15/17 22:14)

Additional Comments:

For any questions regarding the patient's stay at our facility, please contact Discharging Provider(s) Stephanie Krick NPI#: 1235483074

(Discharge instructions electronically signed by Discharging Providers noted above.)

Discharging Nurse Kenneth

At: 412-232-7131

Below is a summary of care

Problems

Active

Benign prostatic hypertrophy
COPD (chronic obstructive pulmonary disease)
HTN (hypertension)

Allergies

penicillin (swelling)

Final Medication List

acetaminophen (Tylenol 325 mg oral tablet) 2 tab(s) By Mouth Every 6 Hours as needed Pain, Mild (1-3).

bacitracin topical (bacitracin 500 units/g topical ointment) 1 application Topically 2 TIMES A DAY.

cholecalciferol (Vitamin D (cholecalciferol)) 2,000 IntLUnit By Mouth.

docusate (Colace 100 mg oral capsule) 1 cap By Mouth 2 TIMES A DAY.

donepezil (donepezil 10 mg oral tablet) 1 tab(s) By Mouth AT BEDTIME.

enoxaparin (enoxaparin 30 mg/0.3 mL injectable solution) 0.3 Milliliter SubQ Every 12 Hours for 21 Days.

finasteride (finasteride 5 mg oral tablet) 1 tab(s) By Mouth ONCE A DAY.

levothyroxine (Synthroid 88 mcg (0.088 mg) oral tablet) 1 tab(s) By Mouth EVERY MORNING.

memantine (memantine 10 mg oral tablet) 1 tab(s) By Mouth 2 TIMES A DAY.

methylcobalamin 5,000 Microgram Sublingual ONCE A DAY.

oxycodone (oxyCODONE 5 mg oral tablet) 1 tab(s) By Mouth Every 6 Hours as needed Pain, Severe (7-10). For continuation of therapy. Refills: 0.

pravastatin (pravastatin 80 mg oral tablet) 1 tab(s) By Mouth ONCE A DAY.

prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension) 1 Drops Left Eye FOUR TIMES A DAY.

risperidone 37.5 Milligram IntraMuscular Every 14 days. This is Risperdal Consta.

risperidone 1 Milligram By Mouth AT BEDTIME.

senna (senna 8.6 mg oral tablet) 2 tab(s) By Mouth AT BEDTIME.

sulfamethoxazole-trimethoprim (Bactrim DS) 1 tab(s) By Mouth 2 TIMES A DAY for 5 Days.

tamsulosin (Flomax 0.4 mg oral capsule) 1 cap By Mouth ONCE A DAY (AFTER A MEAL).

Immunizations

Influenza/Flu (Not Given)
PPV-23 (11/16/2017)
Tdap (11/15/2017)

Sign - Completed by KRICK, STEPHANIE LAURIE (on 11/20/2017 12:45)

Sign - Completed by KRICK, STEPHANIE LAURIE (on 11/21/2017 09:43)

Sign - Completed by KRICK, STEPHANIE LAURIE (on 11/21/2017 10:49)

Sign - Completed by KRICK, STEPHANIE LAURIE (on 11/22/2017 09:41)

Sign - Completed by DRAKE, KENNETH I (on 11/22/2017 13:07)

Perform - Completed by DRAKE, KENNETH I (on 11/22/2017 13:07)

Sign - Completed by DRAKE, KENNETH I (on 11/22/2017 13:07)

VERIFY - Completed by DRAKE, KENNETH I (on 11/22/2017 13:07)